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ABSTRACT

This report examines various vocational rehabilitation models that serve American Indians and Alaska Natives with disabilities, with examples and case studies to demonstrate how the models work in real client-counselor situations. Stressed throughout is the importance of issues of cultural diversity, cultural competency, and self-determination. The report describes programs initiated by state rehabilitation agencies and others developed by tribes but funded by the Rehabilitation Services Administration under Section 130 of the Rehabilitation Act. Individual chapters address the following topics: (1) historical and demographic aspects of American Indian culture; (2) an overview of American Indian vocational rehabilitation projects; (3) case management strategies for American Indians; (4) the impact of culture on assessment; (5) placement strategies and innovative practices; (6) development of working partnerships; (7) networking and outreach; and (8) training implications for administrators, supervisors, educators, and certifying organizations. Appendices list study group members, Section 130 projects, training materials, and resources. (Contains 90 references.) (DB)

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American Indian Rehabilitation Programs:

Unmet Needs

Twenty-First Institute on Rehabilitation Issues

Arkansas Research & Training Center
in Vocational Rehabilitation
Hot Springs Rehabilitation Center
Arkansas Rehabilitation Services
University of Arkansas - Fayetteville

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Twenty-First Institute on Rehabilitation Issues

Report from the Study Group on

American Indian Rehabilitation Programs: Unmet Needs

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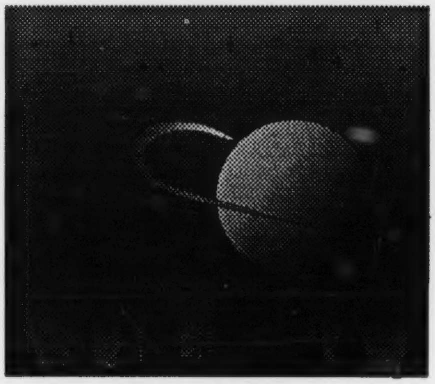

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American Indian Rehabilitation Programs: Unmet Needs

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CO-CHAIRPERSONS' COMMENTS

The twenty-first Institute on Rehabilitation Issues (IRI) has given the Prime Study Group an opportunity to discuss the unique rehabilitation challenges that affect American Indians and Alaska Natives. The Institute has proven to be a resource for acquiring information, investigating research findings, and providing direction on both rehabilitation issues and services to American Indian consumers with disabilities. Our goal is to enhance the rehabilitation of American Indians, both on and off reservations, trust lands, and Alaska or Aleut native villages.

At the invitation of the University of Arkansas Research and Training Center in Vocational Rehabilitation, a Prime Study Group was formed of eleven rehabilitation professionals with experience and expertise in rehabilitation needs of American Indian consumers. These eleven individuals, 80% of whom were themselves American Indians, worked to formulate information, issues, and develop strategies to address unmet needs intricately intertwined with cultural considerations.

The resulting monograph provides direction to facilitate positive change. Alternative strategies are presented for providing cross-cultural rehabilitation services. These new ideas and concepts in service delivery may challenge old traditions. For two decades, less than a handful of American Indian rehabilitation professionals have provided culturally relevant services to American Indian consumers. However, evidence of change is slowly growing. To date there are 26 tribal (Section 130) vocational rehabilitation projects across the nation with more being funded by the Rehabilitation Services Administration. Interestingly, one of these tribal programs, Navajo Vocational Rehabilitation Services, evolved across twenty years of service to become the Navajo Nation Office of Special Education and Rehabilitation Services (NOSERS).

Prime Study Group activities and the resulting monograph were greatly facilitated by the participation of members representing the population: Linda Gregory (Eastern Band of Cherokee), Jennie R. Joe (Navajo), Rita Lujan (Santo Domingo Pueblo), Stoney M. Polman (Ojibway), Priscilla Lansing Sanderson (Navajo), Paula Seanez (Navajo), Jimmy Warne (Oglala), Brenda Willamson (Oklahoma Cherokee), and Johnny R. Weddington (Seminole). All members (see Appendix A) had experience and expertise in vocational rehabilitation.

The Prime Study Group members would like to express appreciation to other experts whose review, comments, and recommendations made it possible for this monograph to become a valuable resource and a reference for rehabilitation professionals in serving the needs of American Indians with disabilities: Richard Carroll, Julie Anna Clay, Guadalupe DeLeon, John Dodge, LaDonna Fowler, James Jackson, Lori Kennedy, Lena Lansing, Tony Lansing, Mario Martinez, Grace McNeley, Clayton Morgan, Cornelia Max, Tina Nelson, Larry Powers, Hilton Queton, Timothy Sanderson, Joellen Simmons, Marian Sparling, Robert Tapia, Ron Teel, Preston Thompson, Mary Valentini, Ken Vogel, W. G. Weddington, and Richard Yahola.

In closing, as co-chairs, we both feel honored in being chosen to facilitate the IRI Prime Study Group on American Indians. This opportunity to work with dedicated individuals whose goal is to improve the quality of life for American Indians and Alaska Natives with disabilities, has been a cherished experience.

Johnny R. Weddington
Priscilla Lansing Sanderson

Introduction to the Study

Introduction

Objectives

- Identify the need for cultural pluralism
- Clarify American Indian participation in state-funded vocational rehabilitation programs
- Define Section 130 funding of tribal VR programs

Cultural Diversity in Rehabilitation was the selected topic for the nineteenth Institute on Rehabilitation Issues. This report from the Institute on American Indian Rehabilitation Issues continues the focus on cultural diversity by examining the various rehabilitation models that serve American Indians and Alaska Natives with disabilities. Some model programs are initiated by state rehabilitation agencies while others are developed by tribes. The presentation of these models may help other agencies interested in ways to increase minority participation, especially those who are Native Americans.

The chapters that follow address some of the issues in more detail, with examples and case studies to demonstrate how the situation works in real client-counselor situations. In addition, the various models described take into account the culture and world view of rehabilitation clients who utilize these rehabilitation programs.

Culture and Rehabilitation

Attention to culture is viewed as important in rehabilitation because culture impacts the way individuals with disabilities respond to, live with, and/or cope with adversities, illnesses, disabilities, or misfortunes. The importance of culture in the field of rehabilitation was stressed during the Institute on Cultural Diversity:

> If we cannot grasp or understand the essence of another person's culture, life, or environment, or if we cannot assure that persons have an equal access to services that are available, how can we possibly change, empower, or help that individual? (Duarte & Rice, 1992, p. 5).

The quest for self-determination and self-empowerment has always been a central part of the disability movement in the United States. It is not surprising, therefore, that many of the strategies used in the disability movement mirror that of the Civil Rights movements of the 1960s (e.g., protests, public demonstrations, sit-ins, and political lobbying). While civil rights and self-determination are viewed as important concerns, some segments of American society hesitate to support these efforts by the disability movement because they view this quest for self-determination as threatening.

To embrace the essence of self-determination requires looking beyond the person's disability to the person's strengths and resources, such as family support, culture, values, religion, and other elements that make up that person's world. A critical part of this holistic approach includes acknowledging and taking into consideration the person's culture.

The importance of a perspective that views cultural diversity as a positive feature of American society has long been recognized by many human service providers. Cultural pluralism, however, is not embraced by everyone, especially those who believe that assimilation into American society is the ideal we should all strive for. On the other hand, there is a need to accommodate the growing ethnic and cultural heterogeneity in America and to acknowledge that many people do not want to give up their ethnicity or culture. In other words, they may be willing to acculturate but not assimilate.

The acceptance of cultural pluralism, however, is increasingly visible. Cultural diversity and its importance, for example, is reflected in some of the new government guidelines for human services. In the area of rehabilitation, the interest has recently focused on rehabilitation workers and the skills they need to work with persons from diverse cultures (Armstrong, 1992). For example, the Rehabilitation Services Administration (RSA) recently began a 5-year effort to address the issue of cultural diversity. RSA's Rehabilitation Cultural Diversity Initiative (RCDI) seeks to improve the rehabilitation of clients from different cultural and ethnic backgrounds. The three objectives of this initiative are to (1) increase the representation of minority group members as rehabilitation service providers, (2) increase minority clients, and (3) build leadership capacity.

It is interesting to note that, as cultural diversity policies are developed in many agencies, "cultural sensitivity", which has long been the orientation of most human service workers, is being redefined and extended. For example, some service agencies now ask that their staff gain skills and knowledge that will make them become more "culturally competent." Unfortunately, there is no consensus on what this means and/or what types of skills should be learned in order for one to be "culturally competent."

While attention to issues of cultural diversity and cultural competency may be new for some, persons with disabilities and members of certain minority populations have long seen these elements as important to gaining self-empowerment and self-determination. For example, many American Indian and Alaska Native[1] communities have since the 1960s asked to participate and/or have a more formal access to state-funded vocational rehabilitation programs, especially for Native Americans with disabilities who live on federal Indian reservations. For many of these people with disabilities, state resources such as vocational rehabilitation (VR) often stopped at the reservation borders.

In order to avail themselves of some of these services, Indian persons with disabilities were often forced to leave their families and familiar surroundings to enter rehabilitation programs and to find subsequent job placements--all because they lived on federal lands. These invisible geographic boundaries were often drawn by those who view Native Americans as "wards" of the federal government and they therefore expected the federal government, not the state government, to be responsible for providing services.

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[1] The terms: "American Indian", "Alaska Natives", and "Native Americans" are used interchangeably throughout this article. Where appropriate, names of specific tribes or nations are also used.

There have been various attempts to resolve these problems, including legal and legislative actions. One of the critical steps taken occurred with the passage of the Rehabilitation Act of 1973, later amended in 1986 and 1992, which authorized the Rehabilitation Service Administration (RSA) to grant tribal reservation communities funds to establish vocational rehabilitation programs. Section 130 of the Rehabilitation Act permits RSA to fund tribal VR programs.

Unlike the state VR programs, however, these small tribal VR programs (popularly known as 130 Projects) are all short-term demonstration projects that serve as supplements to services provided by the Federal-State VR programs. Since the inception of this provision, only about twelve 130 Projects have been funded each year. Thus very few tribes are able to participate.

As with many new endeavors, funds for the 130 Projects are extremely limited and are awarded on a competitive basis. In addition, any tribal proposal for a Section 130 Project must include participation or support of the respective state rehabilitation agency. Moreover, once funded, these programs must compete for continuation. It is not surprising then that only a few tribes have successfully managed to win the scarce dollars to set up and/or maintain supplemented VR services. As short-term projects, the 130 Projects face many difficulties, and some of these difficulties are discussed in this report.

Chapter 1

Historical and Demographic Aspects of American Indian Culture

Historical and Demographic Aspects of American Indian Culture

Objectives

- To define tribal membership
- To clarify the role and responsibility of administrative entities
- To identify the impact of culture on family alliances and community relationships
- To identify disabilities commonly occurring among Native Americans
- To create awareness of cultural barriers to vocational rehabilitation interventions
- To clarify beliefs, traditional cultural practices, and taboos associated with disabilities

When Christopher Columbus landed in North America, he thought he had arrived at his destination, the Indies. He called the inhabitants of this land "Indians." That label remains today, but unfortunately it connotes homogeneity rather than the rich diversity and heterogeneity of American Indians. One example of this diversity is reflected by the number and complexity of tribal languages spoken. For example, at the time of the European contact, over 200 different languages representing several distinct linguistic families were spoken by the tribes.

The aboriginal population of the Western Hemisphere prior to, and at the time of, European contact has been estimated to be somewhere between 8.4 million and 112.5 million (Thornton, 1987, p. 22). Whatever the size of the population, the demographics of Native Americans were greatly altered by the coming of the Europeans (i.e., rapid depopulation occurred as a result of warfare and deadly epidemics). The aboriginal inhabitants of the Americas had no immunity to most of the infectious diseases introduced by the Europeans, and although most tribes had healers and herbal resources they had developed, the healers had no prior experience in treating these diseases. In some instances, these epidemics returned more than once, completely decimating entire tribes and severely crippling others. All of these events changed the demographics and cultural resources of those who survived.

As the aboriginal population rapidly decreased and their dwindling numbers no longer posed a threat to the settlers, more and more tribes were displaced. Dispossessed, many tribes were forced off their ancestral homelands as European encroachment continued and intensified. In order to move some of the tribes, the United States government negotiated treaties with various tribes, promising they would be moved onto lands safe from European encroachment. Numerous tribes were resettled on lands set aside by the federal government as Indian reservations. Benefits were promised in exchange for lands ceded by the tribes to the government. These treaties created a special relationship between Native Americans and the federal government that is unique and different from any other ethnic minority group in the United States.

Contemporary Situation

According to the 1990 Census, there are approximately 2 million American Indians in the United States (0.8% of the total U.S. population). Today, the descendants of some of the tribes encountered by the first Europeans are found in every state. They comprise greater numbers in the West, specifically in the states of Oklahoma, Arizona, California, and New Mexico. Tribal populations range from 1,000 to 200,000 on the 278 federal and state tribal reservations and in the 209 native Alaska villages. It is important to note that over 65% of the American Indian population resides in various metropolitan areas (U.S. Census Bureau, 1994).

While recent Native American demographics indicate a growing population, some aspects of life have not changed greatly over the years. Poverty continues to be a constant state for many families. This economic disparity has not changed for a number of years. In 1980, the median income across the ten Indian tribes with the greatest population was less than $15,000 per year compared to the U.S. median income of $25,426 (Indian Health Service, 1994). The pattern continued in 1990 with 27% of the Indian population living below the poverty level (U.S. Census Bureau, 1994). The median household income for American Indians in 1989 was $19,900 ($28,269 for Alaska Natives), compared to the median income of $30,056 across all races (U.S. Census Bureau, 1991). Navajo and Sioux tribes have the highest proportion of families living at or below poverty level. Compared to the rest of the nation's population, the Indian population is younger and less educated (i.e., the median age of the Indian population is almost seven years younger than that of the general population). In 1989, 65% of reservation Indians age 25 and older were high school graduates compared to 75% across all races (Indian Health Service, 1994). The educational levels of Native Americans, therefore, lags behind those of the rest of American society. The 1990 Census also reported that 16% of Indian males and 13.5% of Indian females over age 16 were unemployed compared to 6% for males and 6% for females across all races.

Who is An Indian?

Because of various historical events and the experience of colonization, determining who is an American Indian has become a complex issue. Identity for an Indian person may come from identification with a specific tribe, a reservation, a language subgroup, and/or a place of residence (i.e., those living in the cities may be called "urban Indians" despite their tribal affiliation). Individuals who identify themselves as members of a tribe may have to substantiate their claim with proof of their percentage of Indian blood. One who claims "full-blood" must have both parents who are also full-blood. A "half-blood" has one parent who is a "full-blood" Indian. The percentage of Indian blood is an important factor in eligibility for tribal membership. For example, most tribes limit enrollment of their members to those who have one-fourth or more Indian blood. Although blood quantum was never a criteria for membership in the past, this practice was set in place by the federal government and is continued by most tribal governments. A growing number of inter-tribal and mixed ethnic marriages, on the other hand, further complicates blood quantum formulas.

A full-blood Indian may live in an Indian community, but if the land is not federal trust land, he or she may not be recognized as an Indian by the federal government. Many tribes are trying to gain federal recognition in order to have their lands protected and to be eligible for some federal programs. There are also a number of Indian communities situated on lands set aside for them by states (e.g., New York, Connecticut, California). Most of these tribes are recognized by the federal government. Tribes living on reservations are recognized by the federal government which serves as trustee for the tribe and the tribal land.

In addition to membership, the degree to which one is an Indian in the cultural sense is also important. For example, there are various categories that distinguish the degree of adherence to cultural beliefs and tribal traditions. Those who have strong adherence to tribal traditions are usually considered highly traditional while those who have become more acculturated are viewed as moderately traditional or bicultural (i.e., they balance both Indian and non-Indian ways). Others whose values and lifestyle are predominantly non-Indian are considered highly acculturated. There are those who have assimilated into non-Indian culture. A few may be seen as marginal (those who have poor footing in both Indian and non-Indian cultures).

Family and Relationships

Historically, the social structure of Native American groups ranged from small bands to large complex social organizations. This social structure was changed by European contact and subsequent colonization. Advent of the cash economy replaced the subsistence model where all members of the family assisted with food gathering, farming, etc. This familial interdependency relied on and reinforced the large network of extended kin, and encouraged having children. Marriage practices often were designed to reinforce family alliances. Such alliances were also important in time of need with families helping one another.

Family structure was organized around biological kin and non-biological groups such as clans, societies, moieties, and fictive kin. A Native American scholar who has studied family networks notes that most American Indians interact and relate to service providers (with whom they have frequent contact) from a unique perspective (Attneave & Beiser, 1975). The non-Indian human service worker who builds a rapport with an Indian family will most likely be regarded as a member of the family network, not as an outsider.

For most native peoples, family and communal reciprocity are important cultural values. It is not uncommon in family emergencies or ceremonial obligations for a native person to forego work or school to be with family. It is important to most Native Americans to maintain these ties that are central to their cultural identity. Despite considerable cultural change, membership in a tribe or a family continues to be more important to self-identity than association with an occupation or profession. For example, when two native persons meet for the first time, they will inquire about tribal membership before occupations or career affiliation.

Tribal Involvement

As a result of colonization, the federal government has been and continues to be a dominant force in the history and life of Native Americans. Two government agencies that continue to play a major role in the welfare of Indian communities are the Department of Interior's Bureau of Indian Affairs (BIA) and the federal Indian Health Service (IHS). IHS, part of the U.S. Public Health Service, serves as the primary health care provider while the BIA is most visible in education and tribal government. Tribal governments are the third largest major service provider in reservation communities.

Tribal involvement in service delivery increased after the passage of the Indian Education and Self-Determination Act in 1970. This law made it possible for tribal governments to subcontract with the federal government to take over management and operation of some of the federal services. BIA also has a major role in assisting tribes with economic development, especially managing tribally-owned natural resources. On some reservations, tribes have developed other economic enterprises such as gaming casinos. Income from these ventures often supplements various social programs on the reservations. In Alaska, regional and local corporations govern native villages. This corporative structure was instituted as a part of the passage of the Alaska Land Claims Act. With this enactment, a business-oriented governing model was mandated in which native peoples are shareholders in local and regional corporations.

Despite these various models of tribal government, there has always been a strong desire within tribes to maintain and to enhance their self-government, and in fact, some tribal communities feel that the tribal council form of government has been imposed by the U. S. government and is therefore not legitimate. These communities prefer the more traditional tribal form of government in which elders serve in leadership roles. Self-determination for most tribal groups centers on self-government for the tribe. This is a group goal rather than an individual goal.

While some functions of the BIA and the IHS are assumed by tribal governments and native corporations, the BIA operates and oversees the administration of a number of educational and social service programs. However, BIA's involvement has been declining in education as a result of increases in state-supported public schools within Indian communities. Historically, BIA and mission schools provided most of the education for Indian students. Today, in addition to state-funded schools, tribes operate some of the former BIA schools as well as some of the social services formerly delivered by the BIA.

Where the BIA maintains school and social services, it includes services to those with disabilities. Administratively, the Department of Education relates to the BIA as a "51st state", allocating funds for special education and resources for implementing legislative acts such as P.L. 99-457, assisting pre-schoolers. The Bureau also supports some of the services to institutionalized persons with disabilities such as the cost of custodial care and/or educational expenses not covered under P.L. 94-142, The Education of All Handicapped Children Act.

The IHS also contracts with tribes that want to manage and operate some of the health care services. These health care resources, however, are limited. Although IHS provides most of the medical care for Native Americans, including persons with disabilities, most health care facilities lack specialized care. IHS hospitals are small, typically with less than 50 beds, and are not funded to provide extensive medical specialties. Most IHS hospitals do not have the facilities or staff to do complicated medical procedures such as surgery or medical rehabilitation. A person with traumatic brain injury, for example, is likely to be referred to a non-IHS facility. These referrals and the cost of care in non-IHS facilities are covered by IHS's contract care funds. Unfortunately, it takes only a few major emergencies to deplete these funds. Therefore, persons with severe or extensive disabilities may not get the full range of services necessary for rehabilitation. Nevertheless, most IHS hospitals provide a number of services to persons with disabilities (i.e., mental health, physical therapy, speech therapy, diagnostic testing, prosthesis fitting, and, in some cases, assistive devices). Patients who are eligible for other forms of assistance are encouraged to apply for these programs. IHS policy is that all other resources should be explored and utilized before IHS makes financial commitments to pay for specialized health care.

Indians in Urban Areas

Because most rural reservation communities offer few employment opportunities, the federal government has encouraged and sometimes precipitated relocation of Indians to urban areas. In recent years, the urban population appears relatively stable. The 1980 census found 63% of Native Americans lived off reservation. In 1990, the percent who are living off reservation increased only slightly to 65% (U.S. Census Bureau, 1994).

A high proportion of those relocated to the cities find themselves in low-paying jobs and living in low-income sections of the cities, often lost among other ethnic enclaves. Because their employment situation does not always afford adequate health insurance, many return to the reservation when faced with a disability or a major health problem.

In some cities, organized Indian groups have worked to establish clinics or dental services. There are approximately 35 such urban-based clinics nationwide. The IHS supports some of these services, but most clinics depend on a variety of resources, including third party payments.

Disabilities and Native Americans

Although the Indian population is young (average age 22.7), the population is beset with many serious health problems. The five leading causes of death for Native Americans in the IHS service population are summarized in Table 1.

Table 1

Leading Causes of Death, 1989-91

Diseases of the Heart	21.9%
Accidents & Adverse Effects	15.3%
Malignant Neoplasms	14.6%
Diabetes Mellitus	4.5%
Chronic Liver Disease/Cirrhosis	4.5%

*(Indian Health Service, 1994, p. 47)

Besides mortality, the Years of Productive Life Lost (YPLL) is another major indicator of the health status of a population. The YPLL rate for American Indians is 86.7 per 1,000 compared to 56.2 per 1,000 across all races, between 1989 and 1991 (Indian Health Service, 1994, p. 46).

Accidents shorten many productive lives. For Native Americans, accidents are the second leading cause of mortality. For example, between 1989 and 1991, IHS reports age-adjusted accident mortality rates at 119.0 per 100,000, which is 3.2 times the across all races rate of 37.0 for 1990 (IHS, 1994, p. 55). Approximately 75% of these deaths are associated with alcohol (IHS, 1994, p. 56).

Four of the ten leading causes of death among Native Americans are alcohol-related: liver disease and cirrhosis, suicide, homicide, and accidents. Maternal alcohol abuse also contributes to the presence of fetal alcoholism syndrome in some communities. Without question, alcohol is a major mental health problem and alcohol abuse persists for individuals engulfed in despair and powerlessness (Young, 1987; Miller & Joe, 1993).

Chronic diseases such as diabetes are also prevalent in many Indian communities. American Indians suffer the highest rate of adult-onset diabetes in the world. In one tribe in the Southwest over 50% of the adult population over age 35 has diabetes (Knowler, Pettit, Saad, & Pettit, 1990). Secondary complications of diabetes contribute significantly to the incidence of disabilities in Indian communities. Complications include blindness, amputation, renal failure, and heart disease (Joe & Young, 1994). The Regional Differences in American Indians Health published by the Indian Health Service, indicated that tuberculosis, alcoholism, diabetes-mellitus, homicide, and suicide are at a disproportionate rate than in other groups.

Physical disabilities and injuries are major problems. One of the first National Health Care Expenditure Studies (Northern Arizona University, 1987) that included a survey of "healthy" American Indians, reported that 33.9% of the 521,758 interviewed indicated some form of disability (Altman, 1990). Another national study conducted jointly by two Arizona universities found that American Indians were 1.5 times more likely to have work-related disabilities than the general population (Northern Arizona University, 1987; Horan & Cady, 1990). Although medical care has improved for most Indian communities, a number of childhood diseases continue to contribute to otitis media and hearing loss. The high rate of premature birth results in increased incidence of developmental disabilities and mental retardation. A study conducted on the Navajo reservation in 1986 found 7,355 school-age children with disabilities out of a total school-age population of 65,000 (Yazzie-King, 1987).

Cultural Barriers and Rehabilitation

Barriers to vocational rehabilitation were the major reason for amendments designed to include Native Americans in the reauthorization of the Rehabilitation Act. These barriers included ineffective planning, state-federal jurisdictional problems, and inadequate financial resources (Toubbeh, 1989). The following explanation identifies why mainstream vocational rehabilitation failed for one southwestern tribe:

> ...the provision of vocational rehabilitation services to members of racial or cultural minorities groups (including American Indians) was not emphasized until the early 70s... Rehabilitation programs and facilities have done little to improve the employment prospects of disabled Indian populations...The rehabilitation movement has operated under the assumption that jobs are available, and the process of rehabilitation involves matching the disabled with suitable and available employment. This assumption may not be true for American Indians...unemployment [on some reservations] has recently been as high as 75 percent (Morgan, Guy, Lee, & Cellini, 1986, p. 25).

Cultural differences are an important factor in the failure of Indians with disabilities to obtain adequate services (Morgan et al, 1986). The lack of culturally-relevant programs is a key problem as well as the communication breakdown due to language barriers. Another study points to the remoteness and isolation of most Indian reservations as a factor that discourages successful rehabilitation efforts and serves as a barrier to recruiting and retaining non-Indian rehabilitation professionals who might be willing to work with those with disabilities (Hammond, 1971, p. 279).

While some of these barriers may be addressed in various Indian communities, many other barriers and problems have not been adequately addressed. For example, transportation is a problem because most reservations are isolated rural communities where public transportation is not available. Thus, mobility continues to be a significant problem for persons with disabilities who live in these communities. Services are almost non-existent. To access services and become independent the disabled Native American must be willing to resettle in an off-reservation community or an urban environment. Dirt floors, substandard housing, and other inconveniences, such as lack of indoor toilets, make it almost impossible for disabled Native Americans to be independent in most Indian communities. Support (e.g., federal/state funds) for programs such as independent living services has not yet reached most Indian communities.

While relocation to urban areas has always been an option for most, these endeavors have not been successful because of factors such as prolonged isolation from familial support, lack of familiar surroundings, lack of access to religious practices, absence of cultural foods, and language barriers. Too often, disabled Native Americans find the isolation too stressful and drop out of the rehabilitation program. Building social networks and support with other persons who are disabled has been limited, in large part, due to the cultural and language differences.

The environmental reality of social isolation on most Indian reservations also hampers the coming together of persons with disabilities to organize or to discuss common issues. Unlike the growing number of organizations of persons with disabilities in many non-Indian communities, those residing on Indian reservations often do not have the opportunity to organize, and therefore must depend on service providers to act as their advocates.

Sociocultural Views and Disability

Most American Indians have beliefs and traditional cultural practices that are prevention- or wellness-oriented. For example, many tribal taboos focus on rules that reinforce disease prevention and healthy lifestyles. It is also understood that physical illness can affect the whole person--mind, body, spirit, and emotions. Therefore, the treatment or intervention must also be holistic. Underlying this principle is the notion of balance or harmony (i.e., that all things are interrelated and if one part is affected, all are affected). It is the disruption or imbalance of this harmony that invites illness, misfortune, or disability.

To reestablish harmony, an individual must explore and correct whatever caused the dis-harmony. Despite commonality among tribes about the notion of harmony, explanation for specific disabilities varies from tribe to tribe, and depending on the degree of acculturation, from family to family and from individual to individual. Some disabilities have no names in the traditional languages (e.g., cerebral palsy, mental retardation). This may be due to the fact that, until rather recently, most Indian infants born with congenital abnormalities died at birth or within days after birth. Therefore, these disabilities have not been common in the community.

Beliefs about what causes disabilities, however, are strongly rooted in the Native American culture. Even the most acculturated may return to some of these cultural explanations when modern medicine cannot determine the cause or deliver a cure for a disability. This is especially evident when the reasons for a disability are not obvious to health care providers or the family of the person who has been disabled. In these situations, once the life-threatening situation has been stabilized, the interest turns to exploring why a disability occurred. The answer to why determines not only the course of treatment but also the appropriate intervention to keep the condition from getting worse and/or affecting someone else. Once the question has been explored within the cultural framework (i.e., seeking answers from elders, tribal healers, or an indigenous diagnostician), and after the appropriate intervention has been implemented, the concern turns back to restoring harmony by reintegrating the person with a disability into the family.

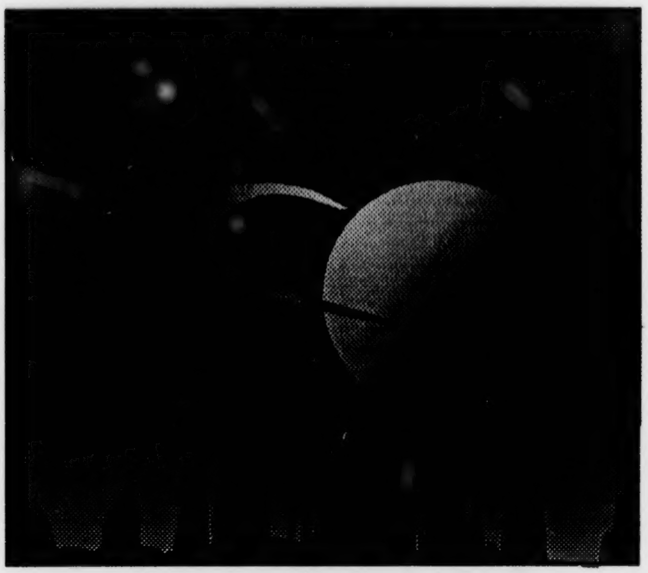
When a child is born with a disability, the explanation of why the disability occurred may be different than that for an adult who has become disabled as a result of an automobile accident.

The latter situation is obvious, but severe mental retardation due to Down's Syndrome may be difficult to comprehend. To communicate in both the non-Indian and the Indian world the families may develop a "private" and a "public" explanation of the diagnosis. Privately they may perceive the condition as caused by a family member's violation of a tribal taboo. Publicly they may explain to the outsiders that the child has Down's Syndrome.

The notion of balance also includes ideas about wholeness. For example, Native Americans may resist amputation because it will make them less "whole." The use of someone's body part for transplant may require extensive counseling. Similar attitudes may also be present regarding a prosthesis previously worn by another person.

Therefore it is important to enable the family of a person with disabilities to utilize both tribal healing and modern medicine. In most cases, the native intervention not only allows the family the opportunity to be helpful, but also the interventions are therapeutic in many different ways (i.e., they provide a self-empowering experience that enhances other rehabilitation or treatment interventions and, more important, the person with a disability understands that they are not facing their disability alone).

Chapter 2



An Orientation to American Indian Vocational Rehabilitation Projects

An Orientation to American Indian Vocational Rehabilitation Projects

Objectives

- To provide the history of American Indian Vocational Rehabilitation Projects
- To review the characteristics of American Indian Vocational Rehabilitation Projects as defined by the Rehabilitation Act of 1973, amended under Title I, Part D, Section 130
- To present innovative and effective models of vocational rehabilitation programs operated by American Indian tribes
- To review pros and cons in operating American Indian Vocational Rehabilitation Projects

Historically, American Indians with disabilities have been underserved by state vocational rehabilitation agencies. This condition was confirmed in 1978 and 1992 by testimony in congressional hearings on amendments to the Rehabilitation Act. Inequitable treatment of minorities documented at all major junctures of the vocational rehabilitation process is often the result of language and cultural barriers. American Indians with disabilities have been unserved or underserved since the passage of the first legislation creating rehabilitation programs for persons with disabilities.

The Navajo Nation was the first tribe to identify the critical need for American Indian tribes to operate and provide their own vocational rehabilitation services to American Indians with disabilities. As a result, during the 1978 reauthorization of the Rehabilitation Act, Section 130, "American Indian Vocational Rehabilitation Services" was added. Section 130 provided special grants to governing bodies of Indian tribes on federal or state reservations to develop and implement culturally-appropriate vocational rehabilitation services. The Navajo Nation was the first Indian tribe to operate and administer a vocational rehabilitation program on an Indian reservation, beginning in 1980.

Today there are twenty-five American Indian VR programs across the country and the number of programs is increasing every year. The Section 130 Projects receive a small amount of federal-funding for the operation of supplemental projects, which augment the much larger sums provided by state vocational rehabilitation agencies. Accordingly, state VR agencies still have a responsibility to provide services to all individuals who are eligible for services, including American Indians residing within the state.

Barriers to Services

State VR agencies face challenges in providing effective vocational rehabilitation services to American Indians with disabilities due to cultural diversity, language differences, geographic remoteness and lack of cultural sensitivity. Because of these and other factors, including tribal sovereignty, it is essential for American Indian tribes to operate and administer their own VR programs.

The VR agency in each state has a responsibility to serve eligible individuals with disabilities. State vocational rehabilitation agencies have faced challenges in providing services in rural areas to culturally-diverse populations with language differences. In a survey of state VR administrators regarding barriers encountered in providing services to American Indians with disabilities, six common barriers surfaced. These were (White, 1987):

1. A lack of understanding cultural differences,
2. Transportation problems associated with the distances to vocational rehabilitation services including evaluation, training counseling and medical restoration,
3. Lack of employment opportunities on or near reservations,
4. Lack of commitment to vocational rehabilitation which require self-initiative and commitment to long-term goals,
5. Language barriers, and
6. Substance abuse problems.

These factors have impeded state VR agencies in successfully rehabilitating American Indians with disabilities. Many of the tribally-operated vocational rehabilitation projects are established to address the barriers identified by the state vocational rehabilitation administrators.

History of American Indian Vocational Rehabilitation Service Projects

The Navajo Nation was the first Indian Nation to begin documenting the unique needs of Navajos with disabilities as early as 1955. It was noted that during the period from 1957 to 1962 a total of thirty-three Navajo people with disabilities were served by the Arizona Division of Vocational Rehabilitation, Northern Arizona office. The majority of clients were not successfully rehabilitated according to the Final Report of the Cooperative Program for Rehabilitation of the Disabled Indian (Northern Arizona University, 1987).

A research and demonstration project, "Navajo Rehabilitation Project", was initiated by the Arizona Rehabilitation Advisory Committee. This project was a precursor of the Navajo

Vocational Rehabilitation Program. The project included the establishment of an Arizona Department of Economic Security, Division of Vocational Rehabilitation suboffice in Window Rock, Navajo Nation. One of the needs was to open an office close to Navajo people with disabilities. The office, comprised of three staff members, provided direct involvement of the Navajo Nation in serving its people. The success of the operation of the suboffice established the viability for other offices throughout Navajo Indian Country.

The Arizona Department of Economic Security, Division of Vocational Rehabilitation awarded the Navajo Nation a three-year Innovation and Expansion Grant in 1976 for the purpose of developing and compiling data for a comprehensive service plan to deliver services to Navajos residing within Navajo Indian Country. These funds were used by the Navajo Nation to develop a VR service delivery system which is culturally-relevant to Navajo people.

In 1978 the Rehabilitation Act of 1973 was amended and authorized the funding of grants directly to governing bodies of Indian tribes located on federal or state reservations for the purpose of providing vocational rehabilitation services to American Indians with disabilities residing on reservations. The Arizona Rehabilitation Services Administration continued to fund the Navajo Nation on an Innovation and Expansion Grant through Arizona in 1980. The grant allowed the Navajo Nation to establish five VR offices within Navajo Indian Country. The state VR agencies of Arizona and New Mexico transferred to the Navajo Vocational Rehabilitation Project (NVRP) 235 consumer case records for Navajos with disabilities who were residing within Navajo Indian Country.

Federal funds were first made available in 1981 and the Navajo Nation was awarded direct funding in the form of a grant from the U.S. Department of Education in the amount of $650,000 to continue developing VR services to Navajo persons with disabilities. The Navajo Nation was the first Indian tribe to operate services with full responsibility for case management including eligibility determinations, development of Individualized Written Rehabilitation Programs (IWRPs), and case expenditures. Up to this point, NVRP coordinated state case management activities and had limited responsibility for the delivery of direct services. The Navajo Nation was required to develop a state plan, facilities and program plan, and a financial management plan. Technical assistance was provided by the Arizona Rehabilitation Administration. The Region IX RSA staff members were also committed to these efforts. They assigned a staff member from the regional office to the program for two years.

Characteristics of American Indian Vocational Rehabilitation Service Projects

American Indian Vocational Rehabilitation Service Projects are often called Section 130 Projects, referring to the section of the Rehabilitation Act under which these programs are funded. Some state VR agencies (e.g. New Mexico and Texas) have funded special initiatives to improve services to American Indian communities which are not funded under Section 130. These programs would be categorized as tribal vocational rehabilitation projects.

All of the Section 130 Projects operate alongside the state general and/or blind VR agencies in the various states. Funding for Section 130 Projects is provided through a competitive proposal process where tribes seek financial assistance for the establishment and operation of tribal VR service programs for American Indians with disabilities who reside on federal or state reservations. Grant applications may be made only by the governing bodies of Indian tribes or consortia of those governing bodies located on federal and state reservations. It is important to note that Section 130 Projects are specifically intended to provide VR services to American Indians with disabilities who reside on federal or state reservations in order to prepare them for suitable employment.

Section 130 projects are authorized to develop and implement culturally-relevant VR services. These projects are intended to be supplementary to state VR programs and to provide services to American Indians with disabilities residing within Indian country.

The level of funding for the American Indian Vocational Rehabilitation Service Projects is determined each year. There were no Indian tribes funded in 1978, even though the amendments to the Rehabilitation Act included language which provides for special grants to Indian tribes. The amendments authorized the Commissioner of RSA to set aside a total of not less than 1/4 of 1% and not more than 1% of the total Section 110 appropriation as a fund for American Indians to apply for discretionary grants for vocational rehabilitation service projects. The Rehabilita-tion Services Commissioner determines the percent allotted for this purpose under this section. The 1992 amendments to the Rehabilitation Act increased the set aside percentage to 1/2 of 1%.

The 1978 Amendments stipulated that grants to Indian tribes were to be matched on a 90% federal, 10% tribal basis. The matching requirement was to be met monetarily or through in-kind goods and/or services. The RSA commissioner had the authority to waive the non-federal share if the tribe was unable to contribute the matching funds and requested a waiver.

A competitive proposal process has been utilized to award grants to Indian tribes under the title of "Vocational Rehabilitation Service Projects for American Indians with Disabilities". Grants are awarded for a period not less than 12 months and no more than 36 months. Unlike the state VR agency (which is funded according to a population-based formula), funding for Section 130 Projects has no relationship to the state appropriation and is not proportional to tribal population.

An Indian tribe interested in establishing a Section 130 Project must provide evidence that an effort will be made to provide a broad scope of VR services in a manner and at a level of quality at least comparable to those services provided by the designated state VR agency. A grant application must be developed, based on evidence of needs of the Indian tribe population of people with disabilities. Other criteria which are used to evaluate grant applications include, a plan of operation, quality of key personnel, budget and cost-effectiveness, an evaluation plan, and the adequacy of supporting resources. Prior to developing a grant application, the Indian tribe must consult with the designated state VR agency or agencies in which VR services are to be provided. Some Indian tribes have developed cooperative agreements with the VR agencies in their states for this purpose.

A peer review panel convenes to review, evaluate, and recommend the grant applications submitted to the U.S. Department of Education, Rehabilitation Services Administration. The recommendations of the peer review panel are used by RSA to make grant awards. Grant awards are generally awarded on the federal fiscal year from October 1 to September 30 of the following year. Grant awards are generally for 36 months and are negotiated for a 12-month period. Based on a continuation grant application submitted by the Indian tribe, for years two and three, budgets and grant awards are negotiated for these subsequent two years.

Each project is permitted to utilize the grant award for the provision of vocational rehabilitation services and for the administration and staff development of a program of vocational rehabilitation services. In addition, funds may be used to cover costs of services addressing the cultural background of the American Indians being served, including treatment of clients by native healing practitioners who are recognized as such by the tribal VR program, when the services are necessary to assist an individual with disabilities to achieve their vocational rehabilitation objective. Expenditures may not be made to cover costs of providing vocational rehabilitation services to American Indians with disabilities not residing on federal or state reservations.

Model American Indian Vocational Rehabilitation Service Projects

One of the long-standing model American Indian VR Programs is the Navajo Nation Office of Special Education and Rehabilitation Services (NOSERS). The program was established in 1975 as the Navajo Vocational Rehabilitation Program (NVRP) and was the first Section 130 Project funded by the U.S. Department of Education in 1981. NVRP changed its name in 1991 as a result of the program expansion to encompass the provision of early intervention services under Parts B and H of the Individuals with Disabilities Education Act. The Navajo Nation has the largest population and land base of all American Indian nations, with a population of approximately 200,000 and a square mileage equal to the state of West Virginia.

NOSERS operates its program within the tri-state boundaries of Arizona, New Mexico, and Utah. The program has working relationships with the state VR agencies within each of these states with regards to serving American Indian applicants for vocational rehabilitation services. NOSERS maintains a central administrative office at the Navajo Nation capital in Window Rock, Navajo Nation (Arizona). Six agency offices are located throughout Navajo Indian Country at Tuba City, Kayenta, Chinle, Window Rock, (Arizona), Shiprock, and Crownpoint (New Mexico). A VR counselor and rehabilitation technician staff these offices. The administrative office is staffed by a director, assistant director, VR counselor supervisor, secretary, and accounting clerk.

NOSERS has developed a case management system for serving Navajo people with disabilities which is comparable to the state VR agencies. The program allows applicants with disabilities residing on the Navajo Nation to choose whether they will receive vocational rehabilitation services by either the state vocational rehabilitation agency or NOSERS.

In 1991, fourteen Section 130 Projects were in operation (10 continuation and 4 new) providing comprehensive rehabilitation services (Guy, 1991). The total appropriation for Section 130 projects in FY 1991 was $4,082,000. Appendix B identifies tribes funded under the authority of Section 130 grants.

Pros and Cons of Operating American Indian Vocational Rehabilitation Service Projects

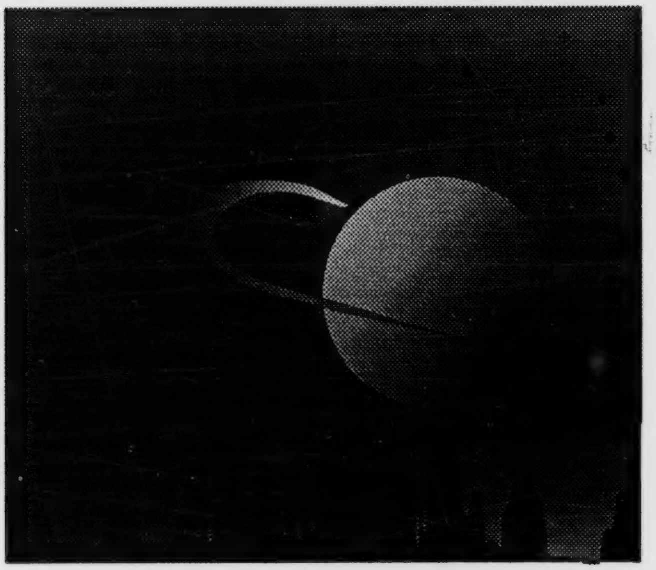
Although there are definite advantages for Indian tribes which operate their own vocational rehabilitation projects, there are positive and negative aspects to the establishment and operation of a Section 130 Project. Of the tribally-operated vocational rehabilitation projects, the average funding level, excluding the Navajo Nation, is $250,000. Each project must comply with the same regulations required for state rehabilitation agencies with these limited funds and offer comparable services to those provided by the state rehabilitation agencies. High expectations and limited operating funds create a real challenge for American Indian vocational rehabilitation projects.

The costs to rehabilitate a Native American with a disability vary, and costs are even greater when the person has a severe disability. Service costs are high and the range of services required by these consumers can include long-term work adjustment, extensive evaluations, assistance with living costs, and incidental expenses at training sites. With these limited funds the number of American Indian clients that can be served is small. As stated previously, projects are generally funded for a 36-month period, creating a dilemma for the American Indian with a disability. Services may be necessary for more than the three-year span of the Section 130 grant.

Other needs drain resources of a Section 130 Project. Staff training must be provided from grant funds. Administrative costs are often disproportionately high in rural settings. It is more difficult to recruit professional and paraprofessional staff (e.g., project director, qualified VR counselors) necessary to fill the position vacancies. When potential applicants are made aware of the three-year grant, there may be a lack of interest in seeking employment with the Section 130 Project because of the limited period of job security. Although Section 130 projects address geographically-remote areas where unemployment is high and resources are limited, these projects are held to the same level of productivity as state vocational rehabilitation agencies. The Rehabilitation Act indicates that the services provided by these projects must be comparable to the state VR agency.

The most positive aspect of the Section 130 Projects is the opportunity for American Indians with disabilities to receive quality and culturally-appropriate VR services. Tribal sovereignty is enhanced as tribes realize self-determination in the operation of vocational rehabilitation programs. The inclusion of American Indians with disabilities in the national forum of discussion of disability rights issues is essential to the recognition of the needs and contributions of American Indians to the national disability community. Since the grants are considered supplementary, Section 130 allows Indian tribes and state VR agencies to be innovative and utilize the additional resources and expertise in serving American Indians with disabilities. In order to allow American Indians with disabilities to continue to receive quality, culturally-appropriate vocational rehabilitation services, Indian tribes must continue to operate vocational rehabilitation projects which address the unique needs of their tribal members with disabilities. Section 130 Projects, because they are supplemental to the state VR programs, offer innovative options for American Indians with disabilities residing within Indian Country.

Chapter 3



Case Management Strategies for American Indians

Case Management Strategies for American Indians

Objectives

- To increase knowledge and understanding of counseling techniques that effect the vocational rehabilitation of American Indians.
- To implement and develop means of evaluating and assisting American Indians with vocational rehabilitation.
- To support and promote cross-cultural training of counselors who serve American Indians and Alaskan Natives.

To effect change in the way vocational rehabilitation services are provided to American Indians will require patience, understanding and trust. Service delivery mechanisms need to be evaluated and modified to meet the unique needs of the American Indian. Agency administrators and field counselors should not hesitate to contact tribal leaders on the reservations near the area they serve. A systematic procedure to seek out American Indians in urban settings needs to be developed. A planful approach is also needed to increase the number of Native American professionals in VR. Aggressive recruitment of American Indians by higher education in undergraduate, graduate or doctorate level programs is needed as well as commitment by VR state agency administrators to seek qualified American Indians as field counselors, staff development, human resource personnel and in supervisory positions. Such actions will initiate the provision of services to the American Indian population and begin to create solutions to unmet needs.

Positive Impact of Family, Community and Tribal Participation

Field counselors working near reservations or urban settings with a high concentration of American Indians need to implement a process for providing information to these communities about VR services. This process should be designed to create an atmosphere of general acceptance and understanding with the intertribal council, tribal council members, and community health representatives. The use of brochures, posters and videotapes can increase community awareness. Aggressive outreach activities are necessary to reach American Indians who do not typically seek out rehabilitation services (Wright, 1988). Each activity should be designed to promote understanding within the community and build a positive, trusting relationship with individual rehabilitation professionals as well as the vocational rehabilitation agency. Planfully creating this impression will influence American Indians to seek out VR services.

Research and training projects exploring this issue indicate the need for rehabilitation services to be (1) provided in a culturally-sensitive manner, and (2) involve the client's extended family (Marshal, Martin Jr., Thomason, & Johnson, 1991). Field counselors should be aware that families need accurate information about disabling conditions. They are willing to provide support to the disabled family member and will form a family network or support group to provide monetary or social intervention where a need has been identified.

To ensure this process is culturally-smooth, the field counselor can seek guidance from the tribal council and other American Indian professionals to avoid culturally-inappropriate aspects to client-family transactions. The goal is a family-based approach to service delivery that is culturally-relevant for the local Native American community (Thomason, 1991).

The field counselor can prepare by structuring the intake process to account for the Native American's resistance to a rapid exploration of intimate life details through a series of direct personal life questions. It is important for counselors to be aware that Native American culture values the avoidance of direct eye contact and speaking softly, or in a low tone. Field counselors should pay particular attention to the client's non-verbal behavior (e.g., voice inflection, eye contact and other body language) to guide communication with Native American clients (O'Hanlon, 1987). Field counselors need to create a relaxed atmosphere and build rapport during the first sessions in an expanded effort to gain the client's trust. The time and patience given to relationship-building will facilitate late phases of service delivery, particularly if family members contribute to the process.

Counselors will observe many cases in which the American Indian client appears torn between independence and involvement in traditional tribal culture. It is essential that family or tribal members be included when considering long-term training, forcing a person to leave their homes and travel to distant urban areas. This is particularly evident when relocation threatens to disconnect the individual from the family-community support system. Working with the client and family to develop communication avenues to support both during relocation and separation can ensure sustained participation in the program. The field counselor who actively addresses these issues ensure the likelihood of success to their clients (Trimble & Fleming, 1989).

Intake and other interviews that take place in the client's residence or other place arranged by the client, family, or tribal organization will contribute to a working relationship. Information about the client's disability, social, psychological and vocational history, work history and functional limitations can be collected more effectively if interview activities are structured to ensure that the counselor will be perceived as competent and genuinely concerned about the client's needs. Family involvement may also be valuable in establishing a vocational goal. Participation by family members and/or American Indian community/tribal members can contribute, rather than detract, from the sustained participation and completion of the client in their VR program.

Alternative Diagnostic/Healing Options within the Vocational Rehabilitation Process

Many ancient cures and remedies are receiving acceptance from VR professionals as healing options. Plants and minerals used by medicine men and healers from various tribes have been successfully employed to fight off illness in today's society. Herbs such as beebalm, aloe, angelice, poplar, peyote, cedar and ginseng have a healing impact when prepared correctly, applied at the correct time, and used under the right circumstances by a professional healer.

Some herbs need special handling to prepare and use in traditional ceremonies and require a permit from the federal government. A limited number of American Indian healers have the authority to provide such treatment to tribal members. Most tribes have recognized medicine men and healers that can be identified through the tribal organization. The VR state agency needs to establish procedures for using such healing services. While the Rehabilitation Act allows different fee schedules and methods of payment for special services, each agency will need to establish written procedures. Some VR state agencies, such as Arizona, already have policies concerning the administration of these services. Michigan Rehabilitation Services Administration has developed guidelines for the purchase of services from American Indian healers. Services are based on (1) a relationship with the local tribal group, and (2) endorsement by the local tribal group of a healer who can provide appropriate assistance. The field counselor may purchase services from a healer under the following circumstances:

- The client must be a member of a recognized Michigan tribal group,
- Services must be required to achieve a documented objective, and
- The healer is endorsed by the tribal council, community health representative, and/or rehabilitation counselor who is an American Indian and is involved in the client's rehabilitation program.

When financial payment to the American Indian healer is not culturally-appropriate, the counselor may authorize payment directly to the client who then purchases goods (e.g., blankets, food, or other items) and presents them to the healer as part of the healing ceremony.

The Michigan Rehabilitation Services Administration defines an American Indian healer as an individual recognized by a tribal group. The American Indian healer may be used in the treatment of substance abuse, mental illness, chronic pain and chronic physical illness, etc.

It is important to note that councils and intertribal organizations have healers available locally. A number of healers operate from the belief that good health results from having a harmonious relationship with nature. All things living and non-living (e.g., Mother Earth and Father Son) are perceived as part of a whole. Nature is structured to follow rules of cause and effect that are not always understandable to human beings (Trimble, 1981). In order for a tribe to live in harmony with this belief, they must follow traditions. Breaking traditions is taboo and can result in a state of disharmony causing disease, injury or some form of distress (Trimble & Flemming, 1989).

Native American healers are not licensed as physicians or psychologists permitted by law to establish a diagnosis. Healers can be used, in addition to but not in place of, established medical treatment. Field counselors will find it valuable to provide a wide range of alternatives and to include native-healing as beneficial and important. The importance of collaborating with healers serving reservation-based clients cannot be overemphasized. It is also important to monitor native-healing for clients in urban areas to make sure that services are appropriately provided (Lowrey, L., 1983; Myers, 1974).

Toward this end, field counselors may need to contact the tribal administrator for assistance in determining what is appropriate. For example, vision quests and sweat lodge ceremonies are traditions not to be taken lightly. For individuals to benefit from these services, they must have a belief system that is in harmony with tribal traditions and customs. In addition, healing groups can serve as part of a self-help/mutual support groups and have been reported to be successful on and off reservations (Pedigo, 1983). Many agencies (e.g., Indian Health Service) provide programs for substance abuse treatment and can be contacted for services.

Addressing Substance Abuse - Fetal Alcohol Syndrome and Fetal Alcohol Effect

Many tribes across the United States recognize that substance abuse and alcoholism is a major source of disability for American Indians. Research indicates that substance abuse is directly related to a high rate of illness, disability and mortality among American Indians and exacerbates alcoholism, tuberculosis and diabetes. Physiologically, medical research shows alcohol to have a differential impact on Native Americans as a group. It also can have a negative cultural impact creating hopelessness, distrust, and complacency. Moral and spiritual teaching by tribal elders and spiritual leaders has been shown to reduce the negative impact of alcoholism. Community Health Representatives (CHR) and tribal elders have assumed responsibility for instilling tradition in youth. Intertribal councils and agencies across the nation are working diligently to provide information and outreach programs to youth to prevent hopelessness, complacency, and alcoholism. One effective intervention is an Alcohol and Drug Awareness Week. Field counselors need to be aware that relocation and isolation from the cultural community and the influence of spiritual leaders can increase the likelihood of alcohol abuse.

At present, VR has no disability code for fetal alcohol syndrome (FAS) or fetal alcohol effect (FAE). Many adopted Native American children have this disability and their family members are uniformed about effective interventions. Many American Indian women are unaware that the consumption of alcohol, especially during the first three months after conception, is the leading cause of birth defects (Streissguth & LaDue, 1988). Unfortunately, many of these women are already at risk because they are poorly educated and underage at the time of pregnancy. Frequently the baby with FAS/FAE shows no immediate negative, physical, mental or emotional effects. As the child develops, neurological effects, mental retardation, and other disabling conditions appear.

The Indian Health Service is aggressively working to educate Native American women about the risk of alcohol and other drugs used during pregnancy. They have expanded treatment opportunities on and off reservations. Field counselors can learn to recognize these symptoms of FAS and FAE and avoid misdiagnosis of these conditions.

Individuals with FAS and FAE have certain facial, cranial, and physical characteristics. The impairment may not initially be seen in the oldest child but will become progressively identifiable as the parents have additional children. Some of the characteristics include a smaller head, identifiable Epicanthal fold over the inner corner of the eye, and an indistinct philtrum on the upper lip, and abnormalities in the teeth. Cognitive characteristics include mental retardation, memory deficit, difficulty understanding abstractions, lack of academic motivation, history of poor judgment and problem-solving abilities, difficulties from learning from past experience, and poor reasoning abilities. The behavior and emotional characteristics may include low tolerance for stress, hyperactivity and depression, passive and withdrawn. Many of the other characteristics are identifiable both socially and through the family history. Individuals with FAS or FAE may also be subject to a high rate of pneumonia, influenza, and diabetes-mellitus.

Strategies for FAS/FAE intervention include the following:

- Clinical diagnosis by a qualified physician using fetal alcohol risk assessment of the client.
- Plan for long term continued care.
- Counseling to address parental, family and client denial and to clarify that other family members are at high risk.
- Treatment plans that are structured, consistent, and persistent with a focus on case management and case service delivery.
- Use of brief, explicit, and clear instructions.
- Have client repeat these instructions to insure a clear understanding. Eliminate confusion by asking why, what, where and who. These issues confuse the client with FAS/FAE.
- Avoid long periods of stationary work. Arrange short breaks. Teach problem-solving strategy to deal with errors, mistakes, and learning experiences.
- Encourage participation in sports and physical activities that use energy, build self-esteem and develop long life enjoyment.
- Encourage creative activities (e.g. music, drawing, pottery, crafts, arts and leatherworks).
- Consult other professionals, especially those with expertise in neurological impairments and learning disabilities.

Field counselors can expand their awareness and expertise by reading The Broken Cord (Dorris, 1989), Fantastic Antonine Succeeds (Klienfield & Westscott, 1993), Fetal Alcohol Syndrome and Fetal Alcohol Effects (Malbin, 1993), and A Manual on Adolescent and Adults with Fetal Alcohol Syndrome with Special Reference to American Indians (Streissguth, 1986).

Field counselors may also benefit from contacting the nearest Indian Health Service (IHS) for local incidence and intervention information.

Strategies for the Assessment of American Indians

Studies reveal that fifty percent of American Indian clients drop out after the initial interview compared to thirty percent across other groups (Sue, 1981a, 1981b). Currently there is no documentation of why American Indians drop out more frequently. Therefore, it is important that field counselors allow additional time to prepare for intake interviews with American Indian clients. Research indicates the American Indian client does not know what is expected or what to expect. A positive orientation to the counselor and the agency must be made in the first session if the client is to sustain participation in the process. Culturally, American Indians are not accustomed to self-analysis and may, therefore, not be willing to discuss emotional conflicts or conditions readily. Introspective behavior may seem unusual and unpleasant if not introduced appropriately.

A model home-based therapy and assessment has been developed for American Indian families which seem to be effective. Using this approach, the counselor builds credibility with the American Indian family by offering practical help (e.g., transportation, flexible appointments). The home environment can create a comfort level in which the American Indian may feel more receptive to disclosure of personal information. In addition, planning and goal-setting may be more effective with involvement of family members or representatives from the local tribal group. Their combined influence can enable the client to make decisions and believe the decisions are in harmony with family and community.

Field counselors can ensure that assessments are culturally fair and ensure that the testing agent is aware of cultural influences that may impact testing. While tests that are free from cultural influence are difficult to find, rapport-building techniques can mitigate some of the factors creating bias: (1) use non-technical language, (2) provide a brief description of the evaluator's past experience in working with American Indians, (3) review a hypothetical case similar to the individual being evaluated, (4) use humor, (5) provide frequent breaks and small talk in settings different from the testing area, (6) evaluator demonstrates comfort and knowledge of tribal language and culture, (7) evaluator uses American Indian technician to clarify cultural impact test on performance (Martin, 1991).

As with all clients, the field counselor should identify the relationship between assessment and IWRP-planning. Counselors need to use evaluators who employ assessment procedures and tests found to be more effective and fair with American Indians such as Raven Standard Progressive Matrices. Situational assessments are highly effective in determining whether the client has the attitude, tolerance and behavior needed for work performance (Wright, 1988). It will identify social limitations that the American Indian client may experience during an actual work setting (Wright, 1988).

Methods of Counseling American Indians

During career-planning and selection of a long-term life vocation, field counselors need to remember that typically there are limited job opportunities on reservations, thus restricting the client's knowledge of the world of work. They need to become aware of salary schedules, vacation, leave, and performance expectation. Counselors can play an important role in educating American Indian clients about job-seeking and retention skills as well as how to acquire promotability potential. Clients will need information about current and future jobs. It may be helpful to enlist the support of extended family members in career-planning and long-term goal-setting.

Support Services On and Off the Reservation

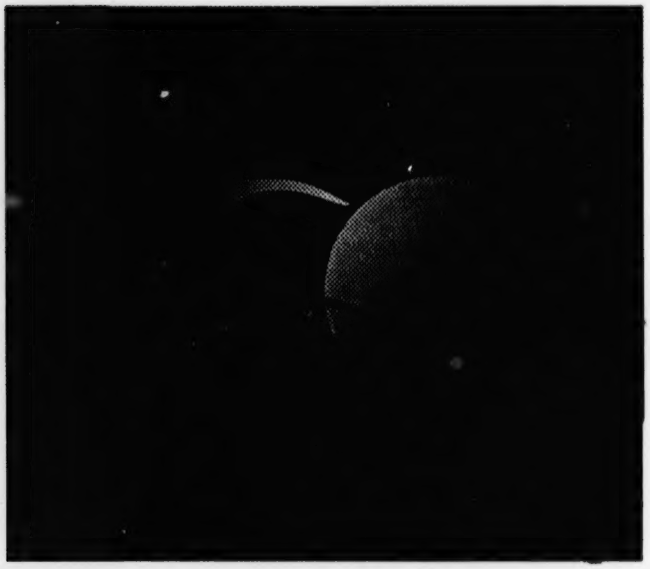
Adequate support services have not typically been available either on the reservation or to Native American's urban settings. Widespread delivery of these services has been restricted by the following factors (Martin, Frank, Minkler, & Johnson, 1988; Saravanabhavan & Thomason, 1991):

- Lack of transportation,
- Absence of employment opportunities,
- Lack of information about VR services,
- Language and cultural barriers, and
- Alcohol and substance abuse.

Support services, such as attendant care and family counseling, need to be coordinated for the American Indian wherever possible in facilities that are centrally located and staffed by American Indians or personnel who have been trained to be culturally competent.

Effective case management for Native American clients involves awareness of cultural imperatives to which the group typically responds and reacts. It also involves a focus on the individual client to determine their degree of enculturation but, more importantly, their unique personal needs, aptitudes, interests, abilities and limitations. Cultural competence in case management begins with a willingness to adapt the process to address cultural imperatives such as family involvement, if it is determined that this is appropriate for the individual. Good counseling involves creating a comfort zone where the client can assess, plan, and prepare. For Native American clients, culturally competent case management may involve an expanded intake procedure and the incorporation of input from family, community, and tribal members. These adjustments include natural supports that can make a significant contribution to sustained program participation and completion. The counselor's role is to coordinate these entities in a team approach that, once underway, can dramatically impact IWRP outcomes.

Chapter 4



The Impact of Culture on Assessment

The Impact of Culture on Assessment

Objectives

- Present the issues associated with Native American culture and vocational, educational psychological assessments.
- Discuss variables to consider during the assessment of Native American clients.
- Clarify strategies to reduce cultural bias in assessment activities for VR clients who are Native Americans.

The demographic makeup of the nation's population and workforce has become a unique blend of distinct cultures. Interestingly, between 1980-1990, the Euro-American population increased about eight percent while the Native American population increased about forty percent. Despite this increase, research and accurate statistical data concerning Native Americans who are disabled has been difficult to obtain or rely upon in making service delivery decisions. Unfortunately, non-Indian service providers make decisions based on such widespread beliefs as the myth of homogeneity (i.e., all Native Americans are alike or similar). Negative attitudes also result from cultural classification as "other" because of the small population in many areas of the country.

Challenges to Effective Assessment

Service providers need to be aware of the history between Native Americans and the United States government. The impact of the past on the culture of today is significant across the Native American community, with tribal elders in particular. The elders are the keepers of wisdom for the tribe and the traditional educators who share their knowledge with all members of the tribe. These influential community members convey their mistrust of governmental agencies. Familiarity with critical events in Native American culture prepare field counselors to understand powerful negative attitudes persisting in Native American culture (Walker & LaDue, 1986):

1. The Precontact Period, prior to 1492
2. The Manifest Destiny Period, 1492-1890
3. The Assimilation Period, 1890-1970
4. The Self-Determination Period, 1970-present.

Pre-Contact Period

For thousands of years prior to Columbus' arrival, Native American tribal culture involved a comprehensive set of values, rules, beliefs, roles and a hierarchy of social order that guided tribal survival. These powerful cultural elements were passed from generation to generation through elders' stories, songs and legends. The contribution of each member was valued by the tribe. Native healing practices and spirituality formed the core of Native American culture.

Manifest Destiny Period

European settlers brought new diseases to which Native Americans had little or no resistance. Native healers had no healing remedies for deadly epidemics, and many Native Americans perished, including elders and tribal leaders. Without the wisdom and knowledge of these individuals, the teachings that they had passed on about tribal culture were lost. This, in combination with aggressive pressure to convert to Christianity, contributed to cultural dilution. For many tribes in cultural disarray, conversion to Christianity was the answer to the loss of teachings from tribal leaders and elders.

The creation of reservations during the "Indian Wars" also had a significant impact on Native American culture. Removal from indigenous lands to unfamiliar areas altered the lifestyle and the culture of tribes. The promises and pacts repeatedly broken by federal agents resulted in relocation to smaller and smaller parcels of land. Legislation was introduced making Native culture (language, spirituality, values) illegal. Tribal leaders were killed or exiled. These events "make reservations unhappy and miserable" (Walker and LaDue, 1986, p. 157).

The following example illustrates the cyclical process of removal and relocation:

> A five-bedroom family home has been passed down through a family for generations. One day an unfamiliar group forces that family out of that house and promises a new home for that family. The family is escorted to their "new home" hundreds of miles away. The home is a two-bedroom house in an unfamiliar area. The family is unhappy with their new home but accepts the situation and makes do. A few years later, the unfamiliar group returns and rescinds the former promise and forces the family to relocate to another "new home." The family is once again escorted to different surroundings and given a studio apartment as the "new home." These arbitrary and drastic changes produce significant disruption and anger within the family. In this scenario, the "family" represents a tribe, the "new home" represents a reservation, and the "unfamiliar" group represents the federal government.

The mechanism of enforced residential school education by the federal government and various non-Indian religious groups was a major factor in dissolving tribal culture (Reyhner & Elder, 1988). The main goal of these schools was to take the Indian out of the child. "Children were punished severely for speaking their own language and practicing their indigenous spirituality. The message was that to be Indian was to be bad" (Walker & LaDue, 1986, p. 157). Children were separated from their families and their culture during their formative years. The impact of this was compounded by relentless characterization of their culture as bad. Those who want to minimize this, need to remember that at one of the first boarding schools, the Carlisle Indian School, there are rows of graves of children who could no longer cope with the isolation from their family and the denigration of their culture.

Assimilation Period

Prejudice and racism that evolved during the previous four hundred years of conflict were perpetuated. It was clearly conveyed that in order to survive, a Native American should assimilate into mainstream culture, where they were the last people in the country to receive full citizenship and voting privileges. It was not until the Indian Reorganization Act (IRA) was passed in 1934 that Native Americans had the right to govern their own people using traditional values and culture (O'Brien, 1989). This act had positive and negative effects on various tribes and is still controversial today for many Native Americans. The act was meant to "formalize" tribal councils and governments using constitutional elective processes. Tribal leaders adhering to IRA were rewarded by the federal government and those who didn't, were ignored (Trimble, 1994). Highly debated by many tribes, IRA passed with the narrowest of margins, leaving many traditional individuals embittered and in conflict with traditional full-bloods and mixed-bloods, causing intense turmoil for many tribes (Trimble, 1994).

In the 1950s, attempts to assimilate Native Americans involved "termination" and "relocation" (Walker & LaDue, 1986). Termination was designed to eliminate all formal relationships and agreements between tribes and the federal government. Relocation involved moving Native Americans from the reservations to live in urban cities. These measures continued the cultural ambivalence, low self-esteem, and depression many Native Americans experience. Nevertheless, traditional values continued to survive.

Self-Determination Period

From 1970 to the present, there has been an increase of Native American leaders in government, education, and social services. Sovereignty emerged as a major issue during this time. Sovereignty is defined as the inherent right of a tribe to determine its own system of government, define its membership and govern its people within its own jurisdiction (Trimble, 1994). Each reservation holds the status of a sovereign, independent nation with the United States.

President Clinton demonstrated his knowledge and value of sovereignty during his historic 1994 symposium with tribal leaders. He stressed that relations between tribes and the U.S. are a government-to-government relationship. This is the true meaning of tribal sovereignty.

While self-determination for persons with disabilities emerged during this period, Native Americans have not typically received rehabilitation services, particularly those on reservations. During this period, congressional acts were finally designed to benefit Native Americans (O'Brien, 1989; Walker & LaDue, 1986). They were: Indian Education and Self-Determination Act (1975), and the Indian Health Care Improvement Act (1976), the Indian Child Welfare Act (1978), and the Indian Religious Freedom Act (1978). While each positive event has had an impact, it is difficult for Native Americans to forget negative interactions with the mainstream culture and the federal government.

These recent positive efforts by the federal government cannot erase or mitigate the powerful impact of history without time and continued effort. Given the intensity and enormity of cultural destruction, it will require sustained intervention to build working relationships with governmental agencies.

Non-Indian field counselors can work more effectively with Native American clients when they are aware of the source of distrust and the historical events that had such a devastating impact on their culture.

Cultural Value Systems

When two distinct cultures interact, the possibility for conflict and misunderstanding can be avoided with accurate information and effective communication. Field counselors need to be aware that clients from a traditional Native American lifestyle do not speak English or use it as a second language. They still practice Native American spirituality, attend ceremonies, and adhere to Native American values. The following scenario illustrates how two individuals behaving appropriately within their respective cultural norms, can each perceive the other as acting inappropriately.

> John, a Native American consumer, has a 10:00 a.m. appointment with his VR evaluator. The evaluator saw John talking to an apparent friend at 10:15 a.m. and became frustrated believing John did not value their appointment. John, on the other hand, had encountered a family member outside the office. As a Native American, interaction with family has a greater value than the 10:00 a.m. appointment. John arrives in the office at 10:20 where the evaluator expresses resentment about John's tardiness. John resents the evaluator and doesn't understand why the value of his interaction with family is not accepted. Both counselor and client were acting appropriately in this situation, according to their cultural values. The evaluator values time schedules and appointment promptness, and is under pressure because of case overload. John values family over himself and wonders why a misunderstanding occurred over an inanimate object such as a clock.

The evaluator who is aware of conflicting values can remedy the situation and prevent confusion, anger, or frustration. Once the client becomes aware that schedules respect each individual's right to access with the counselor, misunderstanding will be alleviated. Once the counselor is aware of the Native American client's valuation of family interactions, misunderstanding will also be alleviated. Table 2 illustrates some common conflicting cultural values.

Table 2

Value Comparisons

Non-Indian Values	Native American Traditional Values
Focus on self (take care of #1)	Group focus (take care of the *people*)
Prepare for tomorrow	Today is a good day
Use every minute of time	A right time/right place for everything
Youth-orientation	Respect the wisdom and knowledge that come with age
Acquire wealth	Non-materialistic
Be aggressive	Be patient
Speak up and be heard	Listen and learn
Take and save	Give and share
Conquer nature	Live in harmony with all things
Proud	Pride with humility
Religion - a separate part of life	Spirituality - an integral part of life
Active learning	Traditional learning
Linear communication	Circular communication
Nuclear family focus	Extended family focus

Warne, B., M.S., R.N. (1990) Personal Communication

Linear and Circular Communication

Accurate and appropriate communication is crucial to effective cross-cultural counseling. Members of the mainstream culture communicate in linear form with a distinct beginning and end to the written or spoken word. Introductions, transitions, and conclusions are common, and the subject is identified (Warne, D., M.D., Personal Communication, 1995).

Traditional Native American communication uses a circular form. Subject matter is implied in the circular form, and there is no distinct beginning and end to the written and spoken word in circular form (Warne, D., M.D., Personal Communication, 1995).

A distinguishing characteristic of circular communication is unspoken subject matter and unique connectedness. Identified subject matter is considered essential to linear thought, but may be considered inappropriate in traditional native communication. For example, in speaking favorably of someone, the Native American speaker may refer to the family and speak of the family's positive attributes. What would remain unspoken would be the connection of the person to the family and the assumption that he or she would possess their positive attributes.

The difference between *linear* and *circular* communication appear when a client is undergoing a health history and physical examination. Linear communication requires the client to present their main complaint, history of present illness, past medial history, past surgical history, medications currently taken, allergies, a family history, and social history.

Circular communication using open-ended questions (e.g., "What's going on?") will help to collect information about the client, to consider a possible social issue at the root of the problem, allow expression from his/her perspective, and at his/her own pace.

The client may believe the ailment is a result of family or workplace factors rather than a physical problem. Encouraging clients to present from their perspective enables them to feel the field counselor or health care provider knows what is "really" going on. Using circular communication, the interview does not have to begin with the chief complaint and end with the physical exam. Instead, the skilled communicator allows clients to express from their perspective to gather information needed to make an appropriate assessment.

When a counselor or health care provider using linear communication works with a Native American using circular communication, the client's thought may be perceived as disorganized, fragmented, and inefficient. Conversely, the counselor using linear communication may be perceived as being rigid and inflexible.

When representatives of each culture are communicating according to cultural values, the parties may perceive each other as communicating inappropriately and misunderstandings can arise. An awareness of the communication style valued by Native American culture can remedy and/or prevent negative interactions.

Learning Styles

Learning style can also be quite different between Native American and mainstream cultures. Mainstream education rewards active learners while Native American traditional learning has been defined as passive. The term "active" has a positive connotation while "passive" has a negative context. Table 3 contrasts the two learning styles.

In active learning, asking questions, making mistakes, and learning by doing are valued. The traditional Native American learner may be perceived as uninterested, lazy and/or unable to learn. Interestingly, a disproportionate number of Native American children are assessed as learning disabled (LD). There is also an overrepresentation of Native American students in special education. This may be the result of misclassification by a non-Indian assessor perceiving the youth as learning disabled when, in fact, the youth was demonstrating the traditional learning style valued in Native American culture. Increased awareness of learning styles can contribute to accurate evaluation and reduce misdiagnosis or classification.

Table 3

Learning Styles

Participational Active Learning	Observational Traditional Learning
Learn by doing	Learn by observation
Trial and error	Listen/watch
Questioning is valued	Questioning is an interruption
Mistakes are OK	Mistakes = shame, embarrassment
Questioning = Interest	Silence = Interest
Eye contact is appropriate	Eye contact is confrontational
Warne, B., M.S., R.N. (1990) Personal Communication	

Special Education

Children referred for special education consideration by teachers have a high probability (e.g., 75-90%) of being placed in such programs (Algozzine, Christensen, & Ysseldyke, 1982). In fact, Native American students are referred more often than non-Indian children (McShane cited in Ramirez & Johnson, 1988). Overrepresentation of Native American children categorized as learning disabled must lead to the questions of whether the problem has to do with the referral process, the assessment process, or both (Chinn & Hughes, 1987).

Assessment Issues

Assessment activities for Native American children has involved a narrower range of evaluation procedures, a restricted number of recommendations, noninvolved parents, and the impact of cultural factors unaccounted as for variables in test performance (McShane, 1979; 1982). In fact, cultural variables have been identified in only 8% of reports compared to American non-Indians referred to special education (McShane, 1979; 1982). Cultural differences, in relationship and response patterns, create potential discriminating elements in the typical individual testing environment itself: (1) direct, often abrupt, question and answer sequences, (2) timed performance and the expectation of rapid response patterns, and (3) limited non-verbal indicators associated with linear communication (Brandt, 1984; Sattler, 1982). The Wide Range Achievement Test - Revised, for example, has limited utility with Native American consumers due to short answer and time requirements of the test (Robinson-Zanartu, 1995).

The U.S. Department of Education and many of its state counterparts (e.g., California Department of Education) have emphasized the need to train assessment personnel in culturally-competent, nondiscriminatory assessment techniques (Department of Education, 1983; U.S.

Department of Education, 1992). For Native American students, such techniques would include the use of alternative instruments to avoid current overdependence on the WISC-R, which is still widely used even though its predictive validity for Native American children has been shown to be limited (McShane & Plas, 1984; Reschly & Reschly, 1979). Test alternatives should be used because the WISC-Rs factor structures do not correspond to those found with other samples, and the learning disability pattern referred to as the Bannatyne system is not present (McShane & Plas, 1982; Zarske, 1980).

Language Issues

The United States has successfully incorporated immigrants who speak over 200 different languages across their various cultures. The resulting diversity across 250 million Americans can be contrasted to diversity existing within the subgroup of Native Americans representing about two million persons speaking over 200 different tribal languages. While Native Americans represent less than one percent of the U.S. population, they experience a rate of within-group diversity as great as the other ninety-nine percent (Hodgkinson, Outtz, Obarakpor, 1990).

Elders stress that the future of Native American culture depends on the survival of tribal languages. Tribal colleges have infused Native language into their curriculum, and it is widely accepted that Native American youth need to know their indigenous language. Yet, as more of today's youth become bilingual, translation issues occur. English words and concepts do not always translate accurately into Native languages. For example, Native American languages do not have words for ***retarded, disabled or handicapped*** (Locust, 1988). Confusion results when children classified as mentally retarded in schools are not labeled in their home communities and, in fact, "function as contributing members of their society" (Locust, 1988, p. 326).

Effective communication during assessment may be difficult to achieve. Translators should be used routinely but always with clients for whom English is a second language. While locating a translator who speaks many of the 200 Native American languages is impossible, using one who represents tribes from geographic locale can be acceptable in the short run, as more translators become available.

Additional language issues must be addressed for Native Americans who are deaf or hard-of-hearing. Additional barriers to effective communication must be managed during assessment activities for the hearing impaired individual who resides on a reservation and lives in a family for whom English is a second language. Translation of signs from tribal or home signs to English requires considerable skill. Many tribes/families have their own specific sign system because sign language training is difficult to access for rural/reservation-based families. These factors combine to create a real impediment to the level of communication required for accurate assessment.

Factors Compounding Tradition Versus Assimilation and Reservation Versus Urban Life

While there has been widespread assimilation of Native Americans, VR field counselors and health care providers need to be alert for different levels of assimilation, particularly for individuals who are mixed-blood with Native American and non-Indian Euro-American parents or parents from two tribes. It is important to remember that residence is an indicator of assimilation. While many traditional people still reside on reservations where cultural values and indigenous language are the norm, many have ventured off the reservation to urban settings. Some have been able to make this transition into the mainstream; others have not been able to deal with the culture shock and have returned to the reservation even though their situation on the reservation was negative. Nevertheless, being back on the reservation was preferable to being "out there". A growing number have grown up in urban settings and in adult life have chosen to enculturate by moving to tribal lands. It can also be helpful to know about the client's off-reservation experience, even if it has been limited or episodic (Horan & Cady, 1990). Counselors and evaluators can determine a client's level of assimilation by asking the following questions:

- Does individual speak Native language?
- What is their spiritual or religious preference?
- Do they reside on or off a reservation?
- How does individual describe him/herself? (e.g., Native American, Indian, American, no distinction, etc.)

Rapport can be established using such questions to help them determine the individual's assimilation level. These important factors can then be accounted for and accommodated appropriately during assessment activities.

Creating Rapport to Facilitate Evaluation

A basic orientation process, using nontechnical language, works very well to break the ice and put an individual at ease prior to testing (Horan & Cady, 1990). In addition, frequent breaks, a beverage, and a chance to converse in a different setting also help to reduce anxiety and guardedness. Additional time needs to be planned for during the rapport-building antecedent to evaluation. It should be anticipated that trust, particularly if the evaluator is non-Indian, may not come quickly (Horan & Cady, 1990).

Table 4 contains guidelines for behaviors that can contribute to rapport-building.

Table 4

Guidelines to Enhance Assessment Activities with American Indians

- Emphasize listening rather than talking
- Recommend therapies leading to a sense of "working together" to achieve a common goal
- Avoid false confidentiality
- Avoid professional jargon
- Avoid therapies emphasizing "order" and "authority"
- Avoid saying "I want you to do...", "You should learn to control..."
- Include family members
- Discuss management of problems rather than "control"
- Clearly delineate responsibilities of counselor and client

Selecting Appropriate Assessment Measures

Selecting an appropriate nonbiased testing procedure to use with Native American consumers is still a significantly debated topic in the assessment field (Horan & Cady, 1990). Assessment strategies are generally rigid regarding following directions, timed responses, mannerisms, and norm groups. Evaluation activities are based on mainstream culture values. Research discusses the validity of using cognitive and personality tests that have been standardized on a majority culture to assess Native American consumers. Valid assessments are needed with regional, ethnic norms, modified test items, new tests, additional time for interpretation, and modification of time parameters (O'Connell, 1986).

In order to achieve a true assessment of a Native American individual, the norm group needs to be representative of the tribe that the individual represents. Limited resources preclude the development of Native American tribal norms. It is feasible, however, to use the most culturally-relevant measures available. Table 5 lists measures useful with American Indian clients (Horan, 1991):

Table 5

Vocational Assessment Devices Useful with American Indian Clients

Name of Test:	Wide Range Achievement Test - Revised
Areas Measured:	Reading recognition, Mathematical computation, Spelling.
Comments:	Good quick screening for arithmetic ability. Some reading recognition and spelling words inappropriate for Indian clients (underestimate of reading/spelling ability).
Name of Test:	Nelson Reading Test
Areas Measured:	Reading vocabulary/comprehension
Comments:	Timed measures slight underestimate of ability.
Name of Test:	Industrial Reading Test
Areas Measured:	Comprehension of technical/written material
Comments:	Difficult for many Indian and non-Indian clients. Some superior performances noted.
Name of Test:	Adult Basic Learning Dissemination
Areas Measured:	Simple spelling, mathematics, reading vocabulary
Comments:	Fair measure of individuals with limited prior academic training.
Name of Test:	Informal Writing/Spelling Test
Areas Measured:	Nonstandardized behavioral observations of written creative ability
Comments:	Good measure; nonthreatening.
Name of Test:	Career Assessment Inventory/Enhanced Career Inventory
Areas Measured:	Assessment of job preferences; likes, dislikes divided into Holland's categories
Comments:	Major emphasis usually placed on realistic hands-on occupations; good measure for clients with at least fifth-grade reading ability.

Name of Test: Strong-Campbell Interest Inventory
Areas Measured: Higher/more technically-demanding occupational preferences
Comments: Fair measure for college-bound or more technical training-based Indian clients.

Name of Test: World of Work Inventory
Areas Measured: Wide-range assessment of work values plus occupational preferences
Comments: Fair measure with Indian clients.

Name of Test: Geist Picture Interest Inventory
Areas Measured: Interests
Comments: Good measure for non-reading clients and clients with very limited academic proficiency.

Name of Test: Wide-Range Interest and Opinion Test
Areas Measured: Vocational interests and opinions
Comments: Good measure for Indian rehabilitation clients with limited reading ability. Strong sex stereotype and realistic machine operation indicators; lengthy.

Name of Test: Self-Directed Search
Areas Measured: Interest, values
Comments: Fair measure for Indian rehabilitation clients with at least high school education. Good information for vocational interview follow-up.

Name of Test: Harrington-O'Shea Career Decision Maker
Areas Measured: Vocational interests
Comments: Presently fair measure or experience required.

Name of Test: Career Counselor
Areas Measured: Computer assisted vocational aptitude/interest test
Comments: Simple immediate feedback with career search; good measure for vocational interest with Indian clients.

Chapter 5

Placement Strategies and Innovative Practices

Placement Strategies and Innovative Practices

Objectives

- To present past and present placement strategies used by rehabilitation professionals in assisting the Native American with disabilities.
- To describe different placement approaches implemented on reservations and in urban settings.
- To identify the need for rehabilitation professionals to become more culturally-diverse in applying innovative methods for job development/placement.

The rehabilitation professional is faced with a new dilemma in implementing services to all cultures. Historically, rehabilitation has been less effective with minority groups in outreach, service delivery, and employment outcome. VR state agencies appear to be serving fewer numbers of Native Americans who are disabled than any other populations. Over the years, field counselors depended greatly on the client's efforts to seek/secure employment. Major changes in the labor market have outdated traditional ways of looking for jobs for everyone, particularly minority groups. It is important for us to understand that Native Americans missed out on the Industrial Age and simply cannot afford to miss out on the Information Age. This is particularly meaningful in light of the 35 to 43 million persons with disabilities in the United States, of which Native Americans have the greatest number of persons with disabling conditions of all ethnic groups of the United States (U.S. Congress, 1990). In fact, the rate of work-related disabilities for Native Americans is about one and a half times that of the general population.

On the fourth anniversary of the Americans with Disabilities Act, President Clinton stated:

> "America cannot afford to waste the talents of a single citizen, especially disabled citizens. We are at a moment in history when our values - what we believe is morally right - and our interests - what is clearly good for us in a tangible material way - we are one. We do not have a person to waste and that is why we are here today to rededicate ourselves to an America where every man, woman, and child can reach the fullest of their God-given potential."

The President gave his commitment to see that ADA is fully implemented in our schools, our work places, in government, and in public places for the benefit of all persons with disabilities. He also added that we must move from exclusion to inclusion, from dependence to independence, and from paternalism to empowerment. The President also cited the appointments of 44 people with disabilities to administrative positions and indicated that these people were not appointed solely because of their disability, but were appointed because of their ability to serve the American people.

Similarly, Dr. Fredric Schroeder, 9th Commissioner of the Rehabilitation Services Administration, stated:

> "The ability of the rehabilitation establishment to deliver services to the Native American population and other minority populations is something I have always had a keen interest in. I would like to believe we have outgrown the melting pot concept that we obliterate our differences because we washed them out by assuming the dominate culture's values and living by those values. I hope as a society we can say we value people according to who they are and what they contribute and what they believe, how they live their lives, the values they hold, and not according to the way they're like us, and this is an important concept for people with disabilities generally. We have approached rehabilitation with a melting pot concept: how can we make the disabled person not be disabled or how can we make them function like someone who is not disabled?"

Dr. Schroeder further emphasized the 130 Project as one of the most successful and innovated programs we have implemented in getting serious about rehabilitation services to people who have historically not had access to services.

Occupations prevalent among Native Americans have historically been hunting, basket-weaving, pottery, carpentry, stone masonry, and farming. Employment opportunities for Native Americans on a reservation are extremely limited. Therefore, to achieve the goal of suitable employment, clients must consider relocating for training and employment. In fact, 65% of the American Indian population are now residing in urban areas (U.S. Census Bureau, 1994).

The primary reason for Native Americans leaving the reservation to relocate in cities is to benefit economically. According to a recent study, the current unemployment rate for American Indians living on or adjacent to reservations was 28.66% (Schacht & Minkler, 1991). In comparison, the unemployment rate for all American Indians, living both on and off the reservation, was 14.56%. Job market availability in urban settings has drawn the Native Americans from reservations to cities which sometimes offer more opportunity for a better lifestyle. The primary advantage for the Native American relocating to the city is better economical conditions for themselves and their families.

Many field counselors are not aware that the American with Disabilities Act does not apply to Native Americans residing on a reservation. However, the ADA does apply to Native Americans residing in an urban setting. However, remaining on the reservation offers opportunities to meet social and cultural needs, such as access to tribal services and family networks.

Placement On and Off Reservations

Native Americans are facing a crucial issue with the question, "Will Native Americans have to leave the reservation in order to get good jobs?" Current labor market constraints make the answer to that question "yes." The 1980 U. S. Census reported 63% of Native Americans living off the reservation. The 1990 U.S. Census reported 65% of Native Americans living off the reservation. In 1990, 16% of the Native American males and 13.5% of the Native American females over the age of 16 years were unemployed compared to other races where there is a 6% male and 6% female unemployment rate (U.S. Census Bureau, 1991). Median income for the Native American worker was $19,900, compared to other races' income of $30,056. Clearly, there are few jobs on or adjacent to reservations, compared to the number of people who wish to work. The Native American who resides on the reservation generally works for the tribal government, in service occupations, in sheltered employment, or becomes a homemaker or unpaid family worker. Tribal differences do exist. The Iroquois had the highest per capital income ($10,469), the Cherokee followed closely ($10,056), with the Navajo having the lowest average wage ($4,788) (U.S. Census Bureau, 1994). Many Native American families living on reservations are at poverty or below poverty level.

The Native American has learned to cope with high unemployment rates and limited job opportunities by placing priorities on family, the tribe, religious beliefs, and their native land. Tribal leaders are continuing to place emphasis on postsecondary education. They realize if Native American students leave the reservation and obtain a college education, they can return and benefit the tribe as a whole by offering greater opportunities for employment to their people. Historically, Native Americans placed a greater emphasis on family involvement than preparation for a vocational outcome. Career-planning and choosing a job vocation is low priority compared to American non-Indians who are career oriented at an early age.

The Eastern Band of the Cherokee located in North Carolina report 99% of their tribe who leave the reservation for employment have a goal of returning to their homeland. The following case study illustrates this issue (Wachacha, Personal Communication):

> Sam and LeRoy Wachacha were faced with the decision of leaving the reservation to work in Chicago. LeRoy left the reservation and went to Chicago as employment opportunities were more prevalent. He worked there for 30-35 years before retiring and returning to the reservation. Upon return, he became vice-chief. In contrast, Sam felt he had a better quality of life by remaining on the reservation and working as a truck driver for the Boy's Club. LeRoy reported he had to work 50 hours a week in Chicago to be able to return to the reservation two weeks out of the year for vacation. He believed Sam had a more enjoyable and better quality of life. Based on his considerable experience, LeRoy questioned the value of relocation to an urban area for economic opportunity.

Interestingly, service occupations have increased due to tourism expansion on many of the reservations. Reservations are facing a new prospect for employment that has involved considerable controversy because it involves gaming or casino gambling. The Eastern Band of the Cherokee are now addressing this option with mixed emotions. Many believe this will invade their culture and lifestyle and will deplete the overall morale of the community.

In the words of a stone mason living on the reservation (Squirrel, Personal Communication):

> "I see no need for gambling. The kids won't care about finishing school if they can get a job in a casino. Some people do not work on the reservation now, and they just collect benefits from the government. With more benefits coming from casino profits, I wonder if the community should not band together to try to prevent gaming from coming to the reservation. The reality of money can affect a way of tradition."

Tribal leaders indicate they expect the casino to bring more jobs, more money, and independence to the reservation, but other Cherokees fear it will tax the culture of the Cherokee people and the mountain and streams where they have lived for generations. The Navajo tribe looked to casino gambling to solve some of the reservation's economical problems, yet despite Navajo poverty, tribal members last month narrowly defeated a gambling referendum on the reservation because the people feared a casino would undermine their culture.

Individuals may determine their need to remain on the reservation outweighs economical gain that would be achieved by relocation; therefore, they accept the traditional work opportunities at hand. The Native American is faced with choices between traditional values and possible economic growth. When values associated with family, tribal traditions, homeland, and community living are fully explored, individuals will have a more holistic perspective as to the consequences associated with their vocational decisions (Martin, 1991).

Labor Market On and Off Reservations

The majority of Native Americans have to leave the reservation in order to get jobs that pay enough to support families. There are over 300,000 Native Americans living in metropolitan areas. The labor market on the reservation has limited occupations for the Native American to choose from, which primarily include working for the tribal government, or in service occupations such as food service, janitorial, and health care. The three main providers of employment within public administration are Tribal Government, Bureau of Indian Affairs, and Indian Health Services. The main provider within the service category is education. Three of the major industrial divisions providing employment off the reservation are agriculture, manufacturing, and mining. Since 1980, there has been a higher unemployment rate for the Native American population. An analysis of National Rehabilitation Services Administration (RSA) data showed the rate at which state VR agencies provided services to Native Americans was substantially lower than for any other minority. The issue for Native Americans continues to be having to relocate to earn a living.

Today's unskilled worker faces a low wage job and/or a "dead end" job. Labor market changes demand a high performance work place, work teams, and total quality management in order to increase production demands. It is imperative that Native Americans be prepared to join the skilled work force. To accomplish this, they must be able to exchange information verbally, in writing, and using the computer. Reading, writing, and arithmetic excellence are essential. Employers expect basic academic skill, as well as team work and problem-solving skills.

Field counselors need to prepare clients with specific skills that match expanding employment opportunities on reservations. This will enable Native Americans to work within their own culture and family support system and thus increase job retention satisfaction.

Differences in Urban Needs

Urban life can be a faster pace than reservation life. Individuals have different considerations and different choices to face. The considerations can be for economic gain versus leaving a family, tribe, religious beliefs, and the land itself. As previously stated, over 300,000 Native Americans live in metropolitan areas where they face a new community without the support system offered by their tribe. They must adjust to different cultural standards. Locked in an entry level position with a lower wage, the Native American faces a higher unemployment rate and needs follow-up VR services once they have relocated to avoid living in the urban slum area and turning to alcohol and substance abuse.

Relocation Counseling

Relocation for training and employment may be unavoidable. Rehabilitation services can address factors such as the psychological impact versus economic gain in a community that is predominately non-Indian. Relocation factors to consider that affect the Native American that the counselor and client need to prepare for are:

- Moving and relocation expenses
- Maintaining communication with the family
- Housing
- Medical care options
- Educational opportunities
- Avoiding cultural or social misunderstandings
- Transportation
- Coordination of services from other human service agencies

Relocating Native Americans lose family and tribal networks. They need to know how to establish networks in the new environment. If counselors do not plan for this transition, their clients will join the 50% returning to their reservation within six months after relocation.

(Schacht & Minkler, 1991). The rehabilitation professional should work closely with the Native American individual and his/her family to prepare for relocation to the urban setting. One valuable resource is other Native Americans who have previously relocated.

Rehabilitation Assessment, Planning, Training, Placement, Retention, and Career Advancement

Changes in the labor market may present significant challenges as well as opportunities for employment. The Native American with a disability is less likely to have completed high school, much more likely to be on some type of public assistance program, and have little to no work experience.

The Native American population has the highest high school dropout rate of any minority group, while at the same time, more Native American youth are preparing to go to college. The rehabilitation professional needs to work closely with postsecondary educational institutes to ensure the Native American student adjusts to relocation for educational purposes and enhances their chances of remaining in the educational setting. Research shows half of all Native American students drop out in their first year of college. Mentoring of the Native American student by faculty, staff, or older students could facilitate transition to the educational system. Tribal colleges have been successful by emphasizing tribal culture and language development. Postsecondary education is vital to Native Americans. One of every four jobs on a reservation is held by a non-Indian. Most of these positions are professional jobs that require a college education.

Native American school systems could benefit by collaborating with postsecondary institutions. The rehabilitation counselor can be a bridge with transition from school to college, as well as to work. In the past, potential clients have not been referred to state VR agencies until they have completed high school, dropped out, or have turned 21. It would be effective for rehabilitation programming to begin at a much earlier age in order to prepare for continuing educational opportunities.

Interagency councils should exist among special education and vocational rehabilitation professionals, in theory and in practice. It is not the isolated responsibility of the school to get students through educational programs, or the isolated responsibility of VR to find appropriate employment. It is a collaborative effort among all agencies to work for the client's employment outcome. Interagency councils with employers as members could plan more in order to effectively address labor market needs and expectations. Within the context of the interagency council, rehabilitation administrators and field counselors can learn from employer members about job opportunities available within the proximity of the reservations.

The rehabilitation professional can educate employer members on the benefits of hiring persons with disabilities, and the incentive programs that are available, such as On-the-Job Training and the Targeted Job Tax Credit Program. Interagency council networking will enable the rehabilitation professional to keep up-to-date on the job market and be aware of future employer needs. The rehabilitation professional can stay informed about local employment opportunities and thus prepare job-ready clients for the job market that is currently available. Once the client is placed, interagency council networking will facilitate job retention and development of future career advancement opportunities.

Transferable Skills for Meaningful Employment

Field counselors should not approach any population with a "bag of services" but rather assess the needs of the individual Native American client, as well as the Native American culture, in attempting to provide appropriate rehabilitation services. Counselors need to thoroughly explore past work experiences, educational levels, and current work capabilities to assist clients in considering vocational choices that capitalize on their transferable skills. It is important for counselors to remember that Native Americans are sometimes limited in communication skills as English is their second language. Coordination with Project 130 staff can identify options to remediate communication deficits. The North Carolina Division of Vocational Rehabilitation Services has collaborative efforts working with the Eastern Band of the Cherokee and their Project 130 staff. They work cooperatively with the Native American Practitioner/Outreach Worker to get individuals with disabilities into such programs.

Team skills are critical in the current labor market. Native American culture is built on the team concept, and this is a valuable transferable skill for today's labor market. In addition, Native Americans produce quality products as they are highly skilled in crafting, farming, ranching, and raising cattle and sheepherding. Many operate as unpaid family workers or homemakers, with all the transferable skills associated with these occupations.

The field counselor needs to exert care in accurately identifying all transferable skills. Scrupulous care is needed to avoid missing transferable skills because the client has engaged in nontraditional activities. The client may be oriented, motivated, and want to use transferable skills to prepare for their chosen vocation. The individual may have basic work habits and behaviors but need to learn to cope in a traditional work environment.

Placement Considerations

Case closure statistics indicate that placement for Native Americans is distributed across the following ten categories:

- Homemaker, homebound
- Public, off reservation
- Private, off reservation
- Tribal council on reservation

- Self-employment
- Private, on reservation
- Sheltered employment
- Public, on reservation
- Supported employment, and
- Unpaid family worker

One method for increasing the individual client's ability to become employed in the vocation of their choice is to teach cultural competence in job-seeking skills. Field counselors will also need to work with both on- and off-reservation employers to better understand recruitment strategies and performance expectations in both cultures. They will need skills to convince employers it is in their best interest to hire qualified Native Americans who have disabilities. This is a new challenge for most rehabilitation professionals. Rehabilitation practitioners should identify the employer's service or product, performance requirements, and future needs of the enterprises to maintain a long-term working relationship that enhances employability of clientele. Placement is not the end, but the beginning of the real work in promoting and supporting job retention. Job placement strategies are going to require a more proactive and assertive approach. Counselors will have to evaluate the essential functions of jobs and establish better working relationships with employers on and off reservations to exchange pertinent information that will enhance employment opportunities. The rehabilitation professional will need to develop knowledge and skills required to communicate effectively with reservation employers. They will also need to build expertise in negotiating with employers to employ Native Americans with disabilities.

A job-seeking skills program enhances a Native American's opportunity to become employed in their chosen vocation. Instruction should focus on communication. As in any culture, language is an important element and can create barriers to job application and interview activities. The counselor may need to make an interpreter/liaison available during an interview. Culture differences in communication and behavior can be perceived as negative during a job interview.

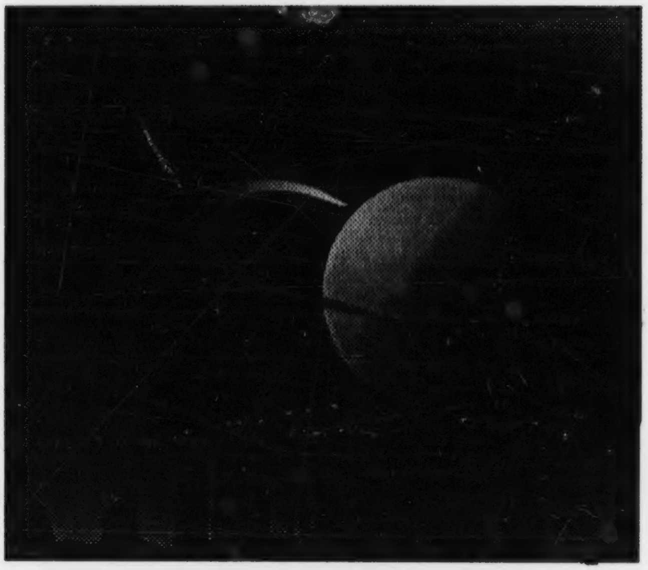
Nonverbal behaviors can be assessed and remediated in role-play exercises. Posture gestures, eye contact, and handshakes, are among a few of the skills to address in preparing the client to be culturally-competent during job interviews.

Job-seeking and/or placement activities can be enhanced when counselors make family members aware of work requirements so they can avoid time-consuming requests or demands for participation in activities not congruent with work. The sheltered life of Native Americans sometimes means they do not know about the parameters of the work culture. The client and family need to know how to appropriately utilize leave for tribal ceremonies. Field counselors can prevent problems by providing information to both the employer and employee so regulations will not be violated by observance of tribal customs or ceremonies.

Implications

The effective provision of placement services and innovative strategies is based on the cultural competence of the counselor. Interactions with families, tribal entities, and/or reservation employers depend on appropriate communication and interaction. Conversely, counselors need to prepare Native American clients to negotiate the off-reservation, non-Indian employment culture. Instruction in cultural competence for the world of work can empower job candidates during application and interview activities and ensure job retention. Placement, like other phases of case management, is facilitated by competence and comfort with Native American culture. It is rapport and communication with the individual Native American that creates a working relationship through which job-seeking, job acquisition and job retention can be achieved.

Chapter 6



Developing Working Partnerships

Developing Working Partnerships

Objectives

- To provide information to state VR agencies on developing appropriate services for American Indians with disabilities.
- Identify model programs within state VR agencies which are providing effective rehabilitation services to American Indians with disabilities.

The 1992 Amendments to the Rehabilitation Act of 1973 allow state VR agencies to provide greater access to rehabilitation services by traditionally-underserved populations, including American Indians. Findings by Congress, reflected in Section 21, show the rate of disability among American Indians to be about one and one-half times that reported in the general population. Section 21 further documents inequitable treatment across all major junctures of the vocational rehabilitation process. Section 21 calls for outreach and/or networking to promote rehabilitation services for American Indians with disabilities.

Participating in the Rehabilitation Process

American Indians with disabilities who do not qualify for assistance through a Section 130 project often receive mixed messages from tribal and state entities. The Indian Self-Determination and Education Assistance Act of 1988 shifted more responsibility for expanded human services to tribal organizations (Pirtle, Morisset, Schlosser and Ayer, 1988). Even so, Section 21 of the 1992 Amendments of the Rehabilitation Act specifically targets Native Americans as a minority group needing more outreach services. "The Native American is caught in the gap of no services available in areas of health and welfare. When application is made for either, the Native American is referred back to their tribal social service agency, or to the Indian Health Service system, neither of which have the funds to facilitate their needs. This process of referral and denial is an extremely humiliating experience for the Native American applicant. As a result, the Native American in need returns home discouraged and still in need of services" (Piper, Personal Communication).

The 1992 Amendments of the Rehabilitation Act of 1973 clearly allow the inclusion of persons from diverse backgrounds into the rehabilitation process as consumers. "The preparation of professionals to serve ethnic minorities with disabilities must be understood and accepted as a rehabilitation issue--not as a minority issue to be addressed only by Blacks, Hispanics/Latinos, Asian-Americans and Native Americans" (Wright, p.8, 1988).

Building State Agency Commitment and Tribal Involvement

Many states are embracing the Rehabilitation Cultural Diversity Initiative (RCDI) which includes American Indians as a targeted minority group for outreach of VR services. It is extremely important for VR practitioners to acknowledge and understand the diversity between American Indian cultures and other minority cultures. Acknowledging this difference is a starting place for establishing a working relationship with tribal personnel. Strong state commitment and full tribal involvement are the basic ingredients to having a close working partnership in providing VR services to disabled American Indians. State agencies and tribal entities working together will become partners in reaching the common goal of rehabilitation. Therefore, trustworthiness and credibility from both partners are vital.

Example: Texas Rehabilitation Commission

The Texas Rehabilitation Commission (TRC) is an excellent example of how a harmonious relationship between state agencies and tribal entities can facilitate service delivery. TRC has long employed vocational rehabilitation counselors and rehabilitation service technicians (RST) who are of American Indian descent. The RSTs do outreach and intake, and assist in collecting information to determine preliminary and comprehensive assessment for rehabilitation services. There are presently three RSTs employed at four separate locations on Indian reservations in Texas. There are two RSTs in the metropolitan areas of Dallas/Ft. Worth and Houston. TRC is exploring further outreach efforts to hire RSTs in Livingston, San Antonio, El Paso, and Austin and is committed to the provision of VR services to those geographic locations if the need is determined to exist. RSTs provide intake referral packets to VR counselors whose caseload includes specific American Indian areas. RSTs in these circumstances do not provide case management assistance to VR counselors. Instead, they act as liaison between the tribal entity and/or intertribal council and the VR counselor. RSTs also provide follow-up services. VR counselors also engage in outreach activities to build strong relationships between the VR agency and tribal entities. These counselors provide American Indian culture specific training to non-Indian rehabilitation practitioners.

TRC initiated this harmonious working partnership in the late 1980s after TRC's Executive Commissioner and Regional Director visited a Texas reservation. The visit identified an underserved minority population with a tremendous need for VR services. The extension of TRC's strong administrative commitment to field staff resulted in the formation of a statewide task force. Largely comprised of American Indians, the task force consists of representatives from three major tribes, intertribal councils, VR counselors, RSTs, program specialists and two moderators. Their goal has been to provide rehabilitation services to disabled American Indians on reservations and in urban Texas.

Example: Minnesota Rehabilitation Services Division

A second example of effective VR service delivery to American Indians occurs within Minnesota's Rehabilitation Services Division. Since 1973, VR outreach services have been provided both off and on Minnesota reservations. This initiative originally began as a grant-funded project involving a VR counselor and a VR counselor aide. Current staff positions are state-funded and include a rehabilitation counselor/project supervisor and a case aide for reservation outreach. All staff members are Chippewa (Ojibway) and their sole mission is to provide VR services to the American Indian population. Using a team concept, the staff make VR services available to four groups of Minnesota Indians living on, or near, three reservations in northeast Minnesota: Bois Forte (Nette Lake and Vermilion), Fond du Lac, and Grand Portage, as well as to the Red Lake Band of the Chippewa. Services are also provided to the urban Indian population in Duluth. VR services at these remote rural locations are based on the belief that American Indians with disabilities should not have to leave the reservation to access services (Marshall, Johnson and Lonetree, pp. 14-15, 1993).

Texas and Minnesota set examples for implementing the 1992 Amendments to the Rehabilitation Act of 1973, including cultural awareness in VR service provision. In both cases, VR services are provided by American Indians for American Indians on or off reservations/villages/trust lands.

Example: Oklahoma Department of Rehabilitation Services

The State of Oklahoma Department of Rehabilitation Services accepts applicants through a variety of sources, including those previously described. A directory of field offices is printed and sent to staff in order to facilitate smooth referral and reflect counselor assignment. The directory includes the office "finding" address and mailing address, the office telephone number, the counselor's name and job title, and the counselor's area of assignment. The directory also includes the name of the district supervisor and the field coordinator responsible for supervisory guidance in the provision of VR services to applicants/clients. Below is an example of a field office entry from the Rehabilitation Services Directory:

Muskogee Rehabilitative Services #18
P.O. Box 2757 727 S. 32nd
Muskogee, Oklahoma 74402

Telephone: 918-684-5330 FAX: 918 687-4812

(name), District Supervisor
(name), Field Coordinator
(name), District Superior
(name), Sr. Voc. Rehab. Cslr.
(name), Secretary II

SE Muskogee City/County, South of Elm Grove Road, East of Hwy. 64 & South to County Line & West to County Line & North to Okmulgee St. McIntosh Co.
Supervising Counselor for Connors, Bacone & Virgil's Beauty College.

Directories and/or written assignments such as this ensure that all areas of the state are provided equitable and consistent outreach services for vocational rehabilitation.

Factors Impacting Rural and Urban Services

There are unique constraints to providing vocational rehabilitation services to American Indians on reservations in urban areas. Over one-half of the American Indian population now reside in urban areas (Fixico, p. 183, 1986). These individuals generally do not have family or cultural support systems or a central agency with whom to communicate, even when English is their primary language (Marshall, p. 14, 1992). Those residing in urban areas are more likely to obtain employment but income is not generally sufficient to live on and the position is frequently not permanent. American Indians in urban areas are also unaware of existing service agencies (Marshall, 1992).

Federal Indian reservations and trust lands located in remote rural areas greatly limit access to rehabilitation services. Problems in providing human services to rural residents include poor access to services, limited resources, lack of transportation, and underutilization of existing services, all of which contribute to higher rehabilitation costs (Guy, p. 11, 1991). Most rural American Indians have family and/or community support, and in some areas, the Bureau of Indian Affairs, Indian Health Services, and tribal programs provide both training and employment opportunities (Marshall, Johnson, and Lonetree, p. 14, 1993).

Transportation problems exist for American Indians with disabilities who live either off or on reservations. Rural residents report having no transportation, having no reliable transportation, or having to depend on relatives for transportation (Marshall, Johnson, and Lonetree, 1993). A survey targeting urban residents in the Dallas metro area reflects the aging, multiple-disabled populations consistently reporting having problems with transportation (Marshall, p. 19, 1992).

These are all factors for state agencies to consider in establishing a working partnership with the American Indian population. An equally important consideration is whether to include the family for provision of VR services. Most urban American Indians do not have ready access to their tribal entities. Support systems such as Intertribal Councils or Native American Centers can be used in the overall rehabilitation effort. Employment opportunities, social service systems, public transportation, medical and rehabilitation services and training programs appear to be more available than other services offered on or near reservations/villages/trust lands. State VR counselors assigned to provide rehabilitation services to American Indians are primarily located off reservations and are in contact with American Indian consumers.

American Indians with disabilities living in geographic regions served by Section 130 Projects can begin their application with that tribal entity. Other disabled American Indian applicants would apply directly to the state VR agency. VR counselors are responsible for potential clients located in their areas of assignment, regardless of whether they initiate an application through Section 130 or through VR directly.

Strategies for Building a Working Partnership

Additional state-funded positions are needed to build working partnerships. Such staff is necessary on rural reservations and in urban settings to conduct initial interviews and facilitate case-finding, public relations, information-spreading, and referral sources development (Marshall, Johnson, and Lonetree, p. 16, 1993). The Texas Rehabilitation Commission, the Minnesota Rehabilitation Services Division, and the New Mexico American Indian VR Program all report that the liaison is the key to bridging the gap successfully between state VR agencies and tribal entities. Across the country, a variety of titles (e.g., VR liaison, VR technician, rehabilitation service technician, VR counselor assistant) identify personnel providing outreach services for the American Indian population. Liaisons can be state-funded, independent para-professionals from the local Indian community or tribal members and/or tribal staff. The liaison serves as an advocate for the American Indian by accompanying the VR practitioner on a visit to the reservation (or home environment specific to the client), educating the VR practitioner about the culture, and ensuring that the client receives rehabilitation services. The following example illustrates the utility of this approach (Nelson, Personal Communication):

> Jane Nelson, an American non-Indian VR counselor in the Visual Services Division of the Oklahoma Department of Rehabilitation Services, provides VR services to several Indian tribes in rural Oklahoma. Although Nelson has a territorial assignment, she has a personal motivation to work with the American Indian population in her area. Nelson reports positive working partnerships developed through a variety of outreach strategies. Her initial visit involved one full day going to each tribal agency in her territorial assignment. She met with tribal leaders or administrators and chiefs from some tribes. Her primary liaison to each tribal agency was the Community Health Representative (CHR) or a social worker in the Indian Hospitals/Clinics. CHRs assisted in developing the VR counselor-client relationship and accessing transportation for the client when medical appointments were necessary. Nelson reports that VR counselors need to be prepared to spend time nurturing a relationship with American Indian tribes. One contact is simply not enough to establish the trust needed to ensure quality provision of services.
>
> Strategies to develop working relationships may include attending social activities centered around Indian families. Nelson reports being invited to speak at luncheons attended by tribal council members and visiting local nutrition centers where elderly Indians have welcomed her as a guest. She expands this relationship by keeping appointments, visiting regularly, attending events when invited and, most importantly, providing planned vocational rehabilitation and follow-up services. It is imperative for the VR practitioner to realize the importance of providing VR services in a timely manner. Historically, American

> Indians feel that American non-Indians are not trustworthy in their dealing with Native Americans (Davis, 1982).

VR counselors engaging in relationship-building activities will become culturally-sensitive to disabled American Indians.

Addressing Employment Outcomes

Building relationships is important in the rehabilitation process; however, VR counselors should also consider suitable employment outcome strategies. The Alaska Division of Vocational Rehabilitation (ADVR) stands as a model with their definition of employment as: "Any substantial, meaningful activity to which an individual devotes time and exerts physical or mental effort toward the production or accomplishment of something which significantly contributes to the livelihood of the individual and which benefits society." ADVR's definition of employment encompasses competitive employment and noncompetitive employment in either traditional or nontraditional situations:

> Competitive employment (full-time, part-time or seasonal) is secured by either traditional situations or nontraditional situations. Traditional situations are described as work for wages, salary, commissions, tips or piece rates. Nontraditional situations are described as activities which produce a means of livelihood for the individual who is not directly paid cash, wages, salary, commissions, tips or piece rates. Two types of nontraditional situations are explained as being:
>
> 1. Subsistence: Activities resulting in the acquisition of goods needed for livelihood (i.e., hunting, fishing, etc., for goods needed for subsistence).
>
> 2. Bartering: Activities producing goods or services which are bartered or traded for goods and services needed to insure an adequate livelihood.
>
> Noncompetitive employment also involves traditional and nontraditional situations. The unique needs of some residents, including individuals residing in rural and remote communities in Alaska, deem noncompetitive employment to be the only reasonable outcome. Traditional situations are work in sheltered employment for cash, or work in home activities for other than cash (this includes homemaker and unpaid family worker). Nontraditional situations are work for noncash and include fishing, hunting, gathering, weaving rugs, etc., or any other activity which contributes significantly to the livelihood of the individual and benefits society.

In contrast, VR counselors who are Native American can provide culturally-relevant VR services because they know how to network within Indian communities. Increasingly, these professionals are being sought out by their agencies to (1) assist with outreach to native communities both on and off-reservations; and (2) create community awareness regarding the needs of Native Americans with disabilities.

The VR counselors need to view Indian clients first as individuals and then as representatives of their ethnicity. The counselor should assume that Indian consumers have their unique strengths and abilities and that there will be some challenges to either overcome or ameliorate their functional limitations. Developing trust should be an immediate agenda for the counselor, then asking questions to fulfill agency obligation such as completing initial interviews. Building trust with the Indian consumer may involve emulating certain behaviors, such as checking how the consumer makes eye contact and how verbal they are in requesting services. Use care in probing deeply into the native consumer's private life and feelings because such questions are likely to be considered an unwelcome intrusion (Orlansky & Trap, 1987, p. 153-154).

Counselors who often see clients from a nearby tribe would benefit from learning about the history of the tribe, traditional beliefs and values, and current tribal organization (Thomason, 1991, p. 323-325). More time may be needed in social conversation as a way to build rapport. Visiting a client's home on a reservation or in a rural area educates the counselor on the client's living situation and shows the client the counselor's level of interest and commitment. Going to the client's home also makes it much easier to involve the client's family. Home visits are a sensitive process and require advance planning. Indian families usually prefer that a member of their tribe accompany the VR counselor during home visits. Because of lack of electricity, running water, or poor housing conditions, clients may prefer to meet with their VR counselor at a local community site.

The rehabilitation counselor assigned to work in the area where a reservation is located should first contact the tribal government or official. This contact varies from tribe to tribe; however, it is recommended that the counselor approach a tribal government or official first. During the initial contact, counselors should plan to provide an orientation to VR services. Rapid development of rapport and a working relationship should not be expected. During the orientation the counselor should describe what is considered a disability. The presentation should be centered on family involvement during the rehabilitation process. Developing an itinerant schedule will enable the tribal service providers the time to plan for office space where counselors can meet with Indian consumers. Informal networking with tribal personnel can occur while the counselor waits for consumers at the tribal office. Counselors will need to be positive, patient, and to view their role as a teacher of rehabilitation counseling and learner of networking in Indian country.

Developing Closer Ties to Benefit American Indians with Disabilities

Collaboration can help agencies and tribal organizations to expand their resources, increase dissemination of program mission and objectives, and develop a working relationship with other organizations. Limited resources exist in the Indian community. However, some of these resources are not fully utilized because dissemination of information from both urban and rural areas to Indian communities is inadequate. Some of the programs discussed in this chapter may not be available to American Indians on reservations or they may not be eligible to apply. Off-reservation programs need to develop closer collaboration with Indian tribes who are not eligible to apply for some of these programs.

State Vocational Rehabilitation

VR services have continued to focus attention on improving services to people with disabilities to enhance employability. Rehabilitation services may have several service components (e.g., independent living services for older individuals who are blind or visually-impaired, supported employment, school-to-work transition, independent living rehabilitation services, independent living centers, and Projects with Industry).

In 1973, RSA recognized that culturally-relevant VR services to American Indians and Alaska Natives was needed. The first and only Section 130 tribal VR project was established in 1981. This demonstration project in RSA Region IX, the Navajo Vocational Rehabilitation Project is now called the Navajo Nation Office of Special Education and Rehabilitation Services. Presently, there are 26 Section 130 tribal VR Projects providing culturally-relevant VR services to American Indians and Alaska Natives. All federal- and state-recognized American Indian tribes with a land base are eligible to apply to provide VR services to American Indians residing on their land. The Section 130 projects are supplements to state VR agencies. The 278 federal and state tribal reservations and 209 Alaska Native villages will not all be able to have a Section 130 VR project on their land base, due to limited federal dollars and scarce resources on Indian lands.

Scarce resources can effect the ability to set up supported employment programs, school to work transition, Projects with Industry, and other rehabilitation programs on Indian lands. An important resource for outreach is the Community Health Representatives (CHRs) on reservations. These CHRs are usually American Indians and Alaska Natives and generally work alongside the Public Health Nurses (PHNs) who are employed by the Indian Health Services. The CHRs can be reached by contacting the tribal health or social service agencies. Both CHRs and PHNs provide direct services to American Indian consumers when they are discharged from an urban hospital to their home on reservations, trust lands, or Alaska Native villages. Some services that they provide are transportation to the IHS facilities, insulin checkups, bathing activities, and assisting with referrals for appropriate services, etc.

Independent Living Services for Older Individuals who are Blind or Visually-Impaired, Title VII

This program provides services to individuals age 55 or older whose severe visual impairment and functional limitations make competitive employment very unlikely. Independent living (IL) services are provided to assist the consumer in maintaining or enhancing their independence in their home or community. These services include outreach services, visual screening, surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions and provision of eyeglasses and other visual aids, mobility training, reader services, and IL skills training.

The state VR agency usually writes a grant application for this program. Indian tribes have relied on state agencies to provide outreach services to individuals on Indian lands who are blind or visually impaired. This program has not been addressed by RSA, in terms of whether Indian tribes can apply for this grant and operate their own program on Indian lands.

Saravanabhavan & Marshall (1994, p. 20) wrote several recommendations for older American Indians with disabilities, which are applicable to all age groups. They are: (a) to serve American Indians at a younger age than non-Indians; (b) to provide outreach services to the older American Indians, and dismiss expectation of office visits; (c) to utilize the informal networks of American Indian community; (d) to provide transportation services when necessary; and (e) given that more than 50% American Indians reside in urban areas, ensure that health care and human services are accessible to urban Indian elders.

Supported Employment

This service assists persons with severe disabilities who require adaptive aids, or job-coaching to enter, engage in, or maintain competitive employment. Supported employment services are identified by the counselor during the development of the IWRP and supportive services to maintain continuity after VR. The VR counselor and Employment Supportive Services (ESS) counselor coordinate each case for a smooth transition from successful VR closure (26 status) to supported employment. This is a formula grant fund that is applied for by state agencies. It is not clear whether tribes are eligible to apply and whether they can operate their own program on Indian country. However, Indian tribes can arrange with the state agency to pay for services in Indian country. They can offer to provide referrals, training and/or placement. Indian tribes have a preference for operating their own programs. They are eligible to apply for research and demonstration projects or any discretionary grants to develop supported employment programs on Indian land. Rehabilitation counselors should provide this type of information to Indian tribes and offer technical assistance in developing the grant application.

Presently, American Indian consumers who want to participate in supported employment programs have to relocate off the reservations/Alaska Native villages. This is a major decision that involves being away from the family for an extended period of time with limited emotional and financial support. Family members on reservations generally do not have telephones, further limiting relocation off reservations. If a community rehabilitation facility were established on the reservation, funds may not be available for extended employment services. Funds for extended employment services can be sought by Indian tribes with the assistance of a VR counselor, the Social Security Administration, the Developmental Disability agency, state Title XX funds, or mental health/behavioral health agencies.

School-to-Work Transition

This program involves coordination of activities by VR and the school district to benefit students with disabilities. These activities are outcome-oriented and promote smooth transition from school to post-school activities. There are few school-to-work transition programs available to American Indian youth on reservations, trust lands, or Alaska Native villages. The complex process involves setting up school-to-work transition programs with public school districts and VR agencies outside of Indian lands. Involving reservation schools that are either public schools, Indian-controlled schools, or schools operated directly by the BIA can become more complex with regard to developing a school-to-work transition program. Some reservation schools are funded by the Department of the Interior, the Johnson-O'Malley Act or other formula programs, which make it challenging to set up a school-to-work transition.

There is a great need to disseminate information on school-to-work transition programs to Indian communities on or nearby reservations, trust lands, and Alaska Native villages. The complexity of the process of setting up school-to-work transition programs should not be a deterrent to meeting with tribal school administrators, special education teachers, school counselors, and parents. Developing collaborative relationships with the local school counselors, principals, parents, and tribal leaders has the potential of developing a formal agreement on school-to-work transition. Meeting with family members, VR Indian consumers, community leaders, and tribal service providers can enhance formal and informal networking. Counselors can benefit by becoming knowledgeable about resources on Indian lands that are not often utilized.

Independent Living Rehabilitation Services

This program provides comprehensive IL services and the four core services to persons with severe disabilities (e.g., personal and system advocacy, information and referral, independent living skills training and peer counseling). The VR agency coordinates efforts with the Statewide Independent Living Council (SILC) to support the operation of Centers for Independent Living (ILP) and to provide outreach to populations that are traditionally-unserved or underserved, including minority groups. Some VR agencies like California and New Mexico have disbursed their funds to ILP to provide IL rehabilitation services. Section 130 VR Projects have to work with the SILC and are eligible to apply for this service under Part B funds, if the state plan has prioritized IL services on Indian lands. Presently, no Section 130 VR Project receives Part B funds. This may be due to a misperception that Section 130 VR Projects are not eligible to apply. The state IL/VR counselor needs to inform tribal government about IL service's philosophy, and the SILC and the state IL plan. The state IL/VR counselor should meet with the Section 130 VR Project director to set up a referral system to provide IL services to Indians residing on reservations, trust lands, or Alaska Native villages. If there is no Section 130 VR Project, the IL/VR counselor can either contact the tribal government or official to inform them about the SILC and the state plan. Willingness to provide technical assistance in developing a grant application should also be articulated to the tribal government.

Projects with Industry

The purpose of PWI is to create and expand job and career opportunities in competitive employment for people with disabilities. Private industry is viewed as a partner in the rehabilitation process. Business advisory councils assist in identifying competitive job and career opportunities, identify skills needed to perform the job, assist in career preparation and training programs, and job placement. Indian tribes are eligible to apply for this program, yet due to limited resources on reservations, this program has not been fully utilized. A majority of employers on Indian lands are state, federal, or tribal government organizations. Self-employment in Indian country tends to be unstable or seasonal, depending on the tourism, farming, or fishing options. Employment opportunities are limited. This should not be a deterrent. VR counselors should write IWRPs for self-employment by consumers interested in establishing their own businesses on Indian lands. Very few private employers operate on reservations and in Alaska Native villages, which further hampers the development of Projects with Industries on Indian lands. The VR counselor should collaborate with tribal government or officials on their plans for economic development to include Projects with Industries on Indian lands.

Public/Nonprofit Organizations

VR agencies should make every effort to develop, strengthen, and maintain networking activities with public and nonprofit organizations on behalf of their American Indian consumers. Just recently, state VR emphasis on counselor networking activities appears to have taken a backseat to computer data entry. Organizations listed in this chapter may not be available on Indian lands. If an organization is not on an Indian land, it may be that the tribes are not eligible to apply for the program(s), tribes don't have resources to support the program(s), or that tribes are unaware they are eligible to apply.

American Indian Centers

Very few services are available exclusively for Indian people in urban areas. However, one resource they seek first when they relocate to an urban area is the American Indian Center. Centers have a direct link with the Indian community in urban areas and are usually managed by American Indian personnel. Service providers are usually American Indians, so programs and services are developed in a culturally-relevant manner. Types of service varies, depending on the needs of the Indian community and their resources. Some Centers provide supportive services, including family or personal counseling, assistance with acute medical care, education on prenatal care, nutrition, outpatient or inpatient alcohol or substance abuse treatment/detoxification, support groups, maintaining/teaching traditional customs and even sponsoring activities such as powwows, feasts, native arts and crafts shows.

Rehabilitation counselors should contact their local American Indian Centers to establish a working relationship with Center staff that will result in referrals and coordination of services. The counselor will become more informed about the types of tribes residing in the city, learning traditional customs, utilizing comparable services, and monitoring consumers participating in support groups. Counselors in rural areas could utilize the Centers to provide Indian consumers relocating off Indian lands with training and basic survival skills in budgeting, adjusting to city/urban lifestyles, or linking up with other urban Indians to serve as mentors.

Protection and Advocacy of Individual Rights

PAIR protects legal and human rights of individuals with disabilities who are not eligible for Client Assistance Programs (CAP), the Protection and Advocacy (P & A) programs under part C of the Developmental Disabilities Assistance and the Bill of Rights Act, and the Protection and Advocacy for Mentally Ill Individuals Act of 1986. Every state and territory has PAIR, but Indian tribes residing on reservations, trust lands, and Alaska Native villages are not eligible to apply for Section 509.

Protection and Advocacy Programs

These nonprofit organizations are established to protect and advocate for the rights of persons with developmental disabilities. Information is disseminated by personnel on the rights of persons with developmental disabilities to the community. Reservations are not eligible to apply for this program. Only one type of P & A program exists on three reservations in the United States, the Native American Protection and Advocacy Project. It is described in this chapter under innovative rehabilitation models.

Division of Developmental Disabilities

This program provides services for individuals who are severely developmentally-disabled (DD) and who were disabled before age 22. Consumers usually need multiple services over an extended period of time. Eligibility is determined using the federal definition of "DD" based on functional limitation and its effect on activities of daily living. Tribes on reservations are not eligible to apply for this program. American Indians have relied on state agency DD counselors for outreach services on their reservations. Non-Indian DD counselors are often unfamiliar with tribal cultures and values. Specialized medicine and rehabilitation therapies are usually not available on reservations. If a native consumer is in need of specialized services, it can complicate successful rehabilitation outcomes. System changes are needed so tribes can provide DD services to their tribal members with DD. VR counselors need to coordinate services with DD counselors to ensure appropriate services are provided, comparable services are written in the IWRP, and sharing of case service costs are planned.

Medical doctors are the primary source of information about the Indian child with a DD (Sontag & Schacht, 1994, p. 424). Doctors' offices were also identified as a primary place from which to receive information. Information about DD and VR services need to be disseminated to medical doctors, especially those working for the Indian Health Service.

Community Rehabilitation Program

This program benefits groups of individuals with disabilities. Services through these programs promote integration and competitive employment. A majority of community rehabilitation programs receive funds from VR agencies. VR counselors usually provide referrals for such services as job placement, work adjustment, work-hardening, or budgeting.

Most reservations do not have community rehabilitation programs. If the Indian land has a Section 130 VR Project, counselors do not have the option of referring their consumers for services at a community rehabilitation program. VR counselors should provide information to tribal government or officials about their eligibility to apply for this type of program. Technical assistance in planning and developing a grant application should be offered. The VR agency should also assist in training native personnel, if the grant application is successful. The majority of the tribal VR projects refer consumers to community rehabilitation programs outside Indian lands. The Kodiak and Shoshone-Bannock that exist in Alaska and Washington were developed by Section 130 VR tribal projects.

The Kodiak VR tribal program established a facility "without walls". The Kodiak Alaska Native community identified segments of their culture (e.g., traditional arts and crafts) that are in danger of being lost. They are trying to revive their culture as well as their economy. This facility impacts the community beyond the Kodiak VR tribal project, although the target population is Alaska Native VR consumers. The rehabilitation facility staff work closely with VISTA volunteers in this effort.

The Shoshone-Bannock VR tribal program, funded in 1994 from a Section 130 VR establishment grant to an Indian board of directors, provides Shoshone-Bannock VR consumers with training as carpenters' helpers. Trainees are Indian consumers and instructors who teach in the Indian language. A majority of consumers have minimal skill in speaking their Native language. Training, therefore, provides an opportunity to learn their Native language. Trainees bid for work with the Bureau of Indian Affairs and orders are taken by the community. Some of the orders include home and office furniture, construction of decks, wheelchair ramps, cradleboards, and drum rings, etc. Since the program was established, many consumers have continued to reside on the reservation rather than relocating for employment and training.

Jobs Training Partnership Act (JTPA)

This program provides employment and training services to economically-disadvantaged clients and dislocated workers in order to assist them in becoming employable. Some JTPA programs provide basic education, assistance in preparing for the General Equivalency Development (GED) test, financial assistance with local vocational/educational schools, assistance in developing employability skills, job clubs, on-the-job training (OJT), summer youth employment programs, and work experience. Many reservations have JTPA programs. This resource is often used by tribal VR programs. Many JTPA personnel on reservations are American Indians, thus services are usually provided in a culturally-relevant manner. Also, tribal VR projects usually involve high school-age consumers in summer youth programs. This is a valuable resource because few jobs exist on reservations. The summer youth program offers Indian students an opportunity to learn work ethics, conduct, and employer expectations. The state VR counselor should meet with tribal JTPA personnel and refer or seek referrals from them since one of the priorities for JTPA is to provide services to individuals with disabilities.

Indian Health Service

Indian Health Service (IHS) is responsible for providing medical and health-related services to the American Indians. IHS is a component of the Public Health Service (PHS) in the Department of Health and Human Services (DHHS). IHS has no blood quantum requirement for its services and any person who is considered an Indian by the Indian community served by the local IHS facility is eligible for IHS services. Although IHS services are not limited to reservation-based Indians, IHS clinical facilities have generally been placed on or near reservations, and most IHS funds are available for eligible Indians who live on or near a reservation. In order to augment health services available from IHS facilities, IHS purchases care from non-IHS providers through a contract care program.

Services available through IHS include outpatient and inpatient medical care, dental care, public health nursing and preventive care, and health examinations of special groups such as school children (U. S. Congress, Office of Technology Assessment, 1986, page 12, citing 42 CFR 36.11). Special initiatives in these categories can also involve the treatment of alcohol or substance abuse disorders or diabetes. Indian Health Service recently began accepting private insurance from Indian people to offset the cost of medical expenses.

Indian Health Service is an important resource for rehabilitation counselors because the majority of the Indian consumers residing on reservations are likely to utilize IHS services. Unfortunately, IHS does not have medical rehabilitation facilities, therefore a majority of Indians with spinal cord injuries, traumatic brain injuries or cardiovascular accidents are usually transported off Indian lands to IHS-contracted rehabilitation facilities. These facilities may be located over 200 miles from Indian lands. Indian patients have to be away from family and suspend participation in native healing ceremonies until they return to their home. Many IHS facilities do not have specialized personnel for physical therapy, occupational therapy or speech therapy. Once the patient is discharged from the medical rehabilitation facility, therapies are discontinued. Most Indian families are not able to travel long distances while their family member is hospitalized. There is minimal training for the family regarding how to perform certain home therapies when the patient is discharged. The VR counselor needs to aid the consumer's family in learning home therapies and getting to the hospital.

Independent Living Programs

ILPs are consumer-controlled, nonresidential, private nonprofit agencies and are designed to operate in a community-based setting. ILPs work across disabilities and provide an array of IL services (e.g., information and referral, peer counseling, individual and systems advocacy and independent living skills training). Private nonprofit agencies can apply for this program as long as the applicant demonstrates consumer control in terms of management, service delivery, decision-making, policy-making and providing direction. American Indian tribes are eligible to apply for this service as long as the tribe works closely with the Statewide Independent Living Council (SILC). SILCs must indicate in their state plan that Indian tribes are eligible to apply for this service. In addition to working with the SILC, tribes also have to comply with requirements for establishing an ILP.

In 1994, RSA identified American Indian tribes as a priority to establish ILPs. As a result, tribes in South Dakota, Alaska and New York are operating ILPs in Indian country. These ILPs have services in accord with their tribal customs, languages and resources. Outreach services are provided by Indian personnel and peer-mentoring involves disabled members of the tribe. This service is new and many tribes are not aware that they can apply for Part C funds to establish an ILP.

The IL philosophy is particularly relevant for American Indian tribes because of the need to live independently before seeking employment. Many homes, businesses, and community buildings on reservations need modifications and adaptations. Resources are scarce. Basic adaptive aids and devices are needed first (e.g., glasses, walkers, wheelchairs, eating utensils, hearing aids). Information on assistive technology needs to be disseminated in Indian country. IL/VR counselors need to be informed on cultural behaviors involved in accepting assistive technology, especially previously-used equipment. For example, a Navajo consumer may be reluctant to accept a used hospital bed for fear that the previous owner died in the bed. Knowledge of Indian culture in the counselor's service area is recommended.

Research and Training Centers on Rehabilitation of American Indians with Disabilities

Funded by the National Institute on Disability Rehabilitation Research, Northern Arizona University and the University of Arizona have operated since 1983 to improve quality of life for American Indians with disabilities. Both Research and Training Centers continue to develop and evaluate effective, culturally-relevant VR and IL service models; service strategies for disabilities of high prevalence among Indian people; improvement in VR employment outcomes, IL outcomes, and occupational placements; developing strategies to increase the number of qualified American Indian VR professionals and rehabilitation researchers; and developing models to improve rehabilitation and IL services for American Indians in their communities.

Both centers address culturally-relevant service delivery systems by involving American Indian consumers, Indian service providers and state VR agencies in designing methodology for research and training activities. In addition, both centers are available to provide statistical information regarding American Indian demographics, disability prevalences, status of health and education, rehabilitation outcomes, needs assessments, capacity-building, training and technical assistance. Both centers have a library of American Indian journals, newspapers, videotapes, monographs, chapters, articles, books and maps. In addition, the center staff publications, which includes the center newsletters, brochures, and publications list, are housed in the libraries. VR agencies can contact the centers for training and technical assistance to enhance VR/IL services to native consumers.

Rehabilitation Cultural Diversity Initiative

The RCDI's mission is to promote opportunity for equal access and quality services for culturally-diverse individuals within the rehabilitation system. The national RCDI at San Diego State University was established as the result of the Rehabilitation Act Amendments of 1992. The RRCEPs are collaborating with RCDI to promote cultural diversity and diversity inclusion in other organizations, to ensure empowerment, and to promote high quality interactions.

Regional Rehabilitation Continuing Education Programs (RRCEPs)

National Rehabilitation Continuing Education Programs have two goals: (1) to provide and enhance equal access, quality services and outcomes within the public rehabilitation program for individuals representing cultural diversity, and (2) to expand career development in rehabilitation for individuals representing cultural diversity (Galea'i, 1993). RRCEPs work in collaboration with national RCDIs, VR agencies, IL Centers, community rehabilitation facilities, and other rehabilitation organizations. The Region VIII RRCEP provided extensive support for development of the Consortia of Administrators for Native American Rehabilitation (CANAR) in their region, involving VR program administrators. This expanded to other regions concerned about American Indian rehabilitation. CANAR includes tribal VR programs, the American Indian Rehabilitation Research and Training Center, the Native American Rehabilitation Research and Training Center, several state VR agencies, some RRCEPS, and other rehabilitation professionals and students.

Innovative Rehabilitation Models

There are many innovative rehabilitation models on and off reservations that have been developed and implemented in a culturally-relevant manner. Models identified in the following section provide guidelines for improving outreach services and networking to American Indians.

Arctic Access

An "ILC without walls" managed by Alaska Natives with disabilities, the Arctic Access provides four core independent living services: advocacy, information and referral, peer counseling, and independent living skills training. Services are culturally-relevant in an area of minimal resources. A vital component is the peer-mentoring program using peer mentors from a similar background who understand living conditions and obstacles to living independently.

Indian Children's Program

This model program in outreach services identifies children with developmental disabilities. Three University-Affiliated Programs (UAPs) in the southwest work together to diagnose Indian children with suspected developmental disabilities and advise on intervention. Utah State University provides subcontracts to Northern Arizona University (NAU) and the University of New Mexico (UNM) to carry out the program initiative in their respective target areas. Personnel of NAU and UNM travel to the Navajo and Hopi reservations, and Pueblo villages in the states of Arizona, New Mexico and Colorado. These personnel do home visits and work with tribal liaisons.

Quad Squad

This organization serves Native Americans with spinal cord injuries. The Quad Squad receives some funding from South Dakota VR. The Porcupine Clinic serves as a sponsor and fiscal agent. The Quad Squad provides culturally-relevant services to people with disabilities on the Pine Ridge Reservation. Services provided are peer-counseling, advocacy, information and referral.

Minnesota Division of Rehabilitation Services

Since 1993, the Minnesota Division of Rehabilitation Services has provided outreach services to American Indians in northeast Minnesota, on and off the reservations in Bois Forte, Fond du Lac, and Grand Portage. Minnesota VR has two full-time Chippewa (Ojibway) counselors and a Chippewa (Ojibway) technician providing services from the Duluth office to American Indians on reservations. The agency is in the process of adding another Indian counselor to White Earth and Leech Lake reservations in northwest Minnesota. This successful, culturally-relevant model utilizes the native technicians to provide outreach services that provide information about

VR to reservation personnel, seek referrals, educate referral sources about VR, conduct initial interviews, and coordinate services.

Native American Protection and Advocacy Project

The Native American Protection and Advocacy Project (P & A) was formed by Navajo and Hopi tribes and others from New Mexico. This effort took ten years and resulted in the first P & A managed by tribal members. Funding is provided by the Administration of Developmental Disabilities, the Administration for Native Americans, and the Southern Arizona Legal Aid Office. This project serves Navajo, Hopi, and San Juan Paiute Nations. Their goal is to provide technical assistance to other Indian Nations. In 1994, legislation directed funds to two Native American consortiums beginning in 1995. The project ensures special education for Native American students in the least restrictive environment in the public educational system, as well as adequate and sufficient services as required by the Individuals with Disabilities Education Act (IDEA). This project also addresses housing discrimination, educating tribal members, school systems, organizations about IDEA, as well as other issues.

Tataya Topa Ho - "Voice of the Four Winds"

This Native American Independent Living Center was recently funded by discretionary funding of Title VII, Part C. Tataya Topa Ho was established by nine Sioux nations in South Dakota to provide culturally-relevant IL services. Four core IL services are provided across all nine reservations of the Sioux Nation in South Dakota and to individuals residing within a 13-county area.

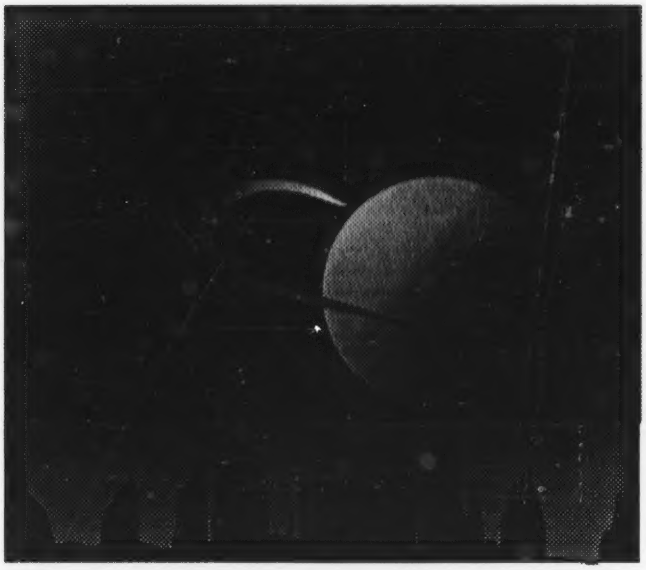
Implications and Conclusion

American Indian tribes have limited resources and the need for VR counselors to collaborate with tribal organizations is important. Collaboration begins when rehabilitation professionals are willing to extend their services to Indian tribes residing on and off reservations in their service areas. Resources should be made available to Indian people residing either on or off reservations and be considered challenging for the counselor. Respect between tribal government leaders and VR personnel will require time to grow. Identification of strengths and weaknesses of programs on and off reservations need to be evaluated to improve services for Indian consumers. Outreach and networking activities to American Indian communities on and off reservations will benefit by generating referrals, increasing positive rehabilitation outcomes, providing culturally-relevant services, and developing working relationships with public and tribal agencies. Services should consider the uniqueness of the individual first, and then their cultural heritage.

VR agencies can best meet rehabilitation needs of Indian consumers by recruiting and hiring American Indian counselors. There are few American Indians with degrees in rehabilitation counseling and fewer with master's degrees in rehabilitation counseling. Most have degrees in related fields, such as social work or nursing. The question is "How can VR agencies provide culturally-relevant services to American Indians with disabilities when they don't hire American Indians?"

It is time for systems to change regarding outreach services to American Indians. VR agencies and IL Centers need to hire and retain American Indians as rehabilitation counselors or independent living counselors. In addition to qualified Native counselors, in-service training and new counselor orientation needs to address American Indian rehabilitation for non-Indian counselors. Resources that can provide technical assistance to meet this need include the Consortia of Administrators for Native American Rehabilitation (CANAR), American Indian Rehabilitation Research and Training Center (AIRRTC), Native American Research and Training Center (NARTC), Regional Rehabilitation Continuing Education Programs (RRCEPs), the Rehabilitation Cultural Diversity Initiative (RCDI), Phoenix Counseling and Consulting, and American Indian Centers.

Chapter 8



Training Implications for Administrators, Supervisors, Educators, and Certifying Organizations

Training Implications for Administrators, Supervisors, Educators, and Certifying Organizations

Objectives

- Document the need for directing training resources to preservice graduate programs and postemployment in-service efforts.
- Present a rationale and format for use of the document in promoting strategies for innovative services to Native Americans.
- Identify the roles of staff development personnel (e.g., agency staff, Regional Continuing Education Program staff, and Research & Training Centers) in implementing training.

Need for Information Dissemination

The Native American population, with over 500 federally-recognized tribes and 1.9 million members, is experiencing an extensive and uncommon incidence of disability (U.S. Bureau of the Census, 1991). The work-related disability of one and one-half times that of the general population is a higher rate than for other minority groups (NIDRR, 1993). While Section 130 provisions of the Rehabilitation Act have had an impact, Native Americans have long been underrepresented in the state-federal rehabilitation system (O'Connell, 1987). In addition, investigations of state agency rehabilitation service outcomes (Marshall, 1992) reveal that, for Native American clients, the rate of successful closure is substantially below that of the general population. Many Native Americans with disabilities, even in urban areas, are unaware of available services or acquire information only through friends or relatives. Training is needed to address deficits in cultural awareness among state rehabilitation agency personnel who do not perceive language or cultural differences to be a barrier to service delivery.

The need for culturally-appropriate case management is essential. Today, Native Americans with disabilities and the VR agencies who represent them face increased competition from individuals who are not disabled in the labor market as well as in educational and independent living environments. Acquiring access and accommodation in these environments requires a culturally-aware counselor who can promote cultural awareness in high school co-op programs, technical schools, universities, and public agencies like JTPA and SSA, as well as all sectors of the labor market. Services that are culturally-appropriate reduce client dropout rates and increase client success and satisfaction long after case closure. Therefore, it is important for VR professionals to learn how to provide culturally-appropriate case management services in pre-service graduate school training and/or during postemployment in-service training.

Support for Training

Sixteen years ago, Harper and Fischer (1979) completed a study on the White and non-White client in the rehabilitation setting. They identified factors amenable to training interventions that enabled White counselors to effectively help non-White clients. These factors included: "(a) knowledge of the client's culture and background; (b) effective communication and understanding of ethnic language; (c) personality qualities of effective counseling; (d) a commitment to the helping relationship; and (e) an openness to the non-White as a unique person, not a stereotypical image" (p. 355). Harper and Fischer's findings support the contribution that training activities can make toward culturally-appropriate case management for Native Americans.

In 1994, RSA supported the need for training of personnel regarding Native Americans with disabilities by identifying the following content areas:

1. Characteristics of Native Americans on and off reservations;
2. History and current posture of state vocational rehabilitation in serving Native Americans with disabilities;
3. History and current posture of Section 130 Programs, as well as the types of economic environments in which they operate;
4. Training resources of the Native American Research and Training Centers; and
5. Network potential across all social service programs serving Native Americans with disabilities.

If rehabilitation agencies are to provide culturally-appropriate services to Native Americans with disabilities, it is important that all levels of agency personnel (i.e., agency administrators, upper and middle level managers, field and facility supervisors, rehabilitation counselors, support staff and clerical staff) be fully informed. The needs of Native Americans with disabilities can only be met through the assistance of a trained and knowledgeable staff in an agency that is committed to culturally-appropriate services. This level of intervention can only be successful if agency administrators have communicated effectively that Native American issues are valued. The focus should be on characteristics and needs of the local Native American community, resources, and staff responsibilities as well as on attitudes, concepts, and agency policies.

Roles and Responsibilities of Rehabilitation Organizations

A systematic and comprehensive approach will ensure that training is available to personnel in various rehabilitation environments. Listed below are roles and responsibilities that rehabilitation organizations can undertake to ensure quality and quantity of information dissemination:

State Agencies

1. Provide direct service personnel with the necessary postemployment in-service training to provide culturally-appropriate case management.

2. Increase in-service training funds to sponsor educational programs on Native American issues.

3. Utilize the talents and expertise of local Native Americans during training sessions.

4. Utilize local Section 130 personnel during training sessions.

5. Use RRCEPs, Research and Training Centers, and university counselor preparation programs to develop and implement postemployment in-service curricula that address informational needs of agency staff.

6. Provide training for local human service agencies and business enterprises.

7. Establish mentoring and job-shadowing opportunities that enable clients to interact with local Native Americans who serve as role models and peer counselors.

8. Actively seek to hire counselors who are Native Americans.

Federal Agencies and National Organizations

1. Establish demonstration projects through National Institute on Disability and Rehabilitation Research (NIDRR) on independent living and vocational preparation that emphasize culturally-appropriate case management as an integral component of the VR service delivery system.

2. Fund work-study and intern programs under the Rehabilitation Service Administration (RSA) at the master's and doctoral levels among state agencies, community rehabilitation programs, centers for independent living, and university programs.

3. Establish national expectations through RSA for knowledge of Native American issues that might be recognized by state licensing or similar approval agencies through the Rehabilitation Services Administration.

4. Advocate that the National Council of Rehabilitation Educators (NCRE) and RSA engage in the following activities:

A. Support research to review the "Code of Ethics" to identify if the value of cultural diversity is supported by canons in the code.

B. Revise the "Code of Ethics" where needed to reflect the value of cultural diversity.

5. Advocate that the NCRE support postemployment in-service training as well as additions across existing courses in graduate programs in rehabilitation counseling.

Higher Education Programs

1. Identify resources such as the American Indian Higher Education Consortium and institutions that have Native American programs (see Appendix A).
2. Infuse existing courses in rehabilitation counseling programs accredited by the Commission on Rehabilitation Education (CORE) with information on Native Americans.
3. Uphold state/federal agency employment as desirable for Native American students making career decisions.
4. Insure that students who are Native Americans are treated with the same dignity and respect they will be expected to display to future clientele.
5. Offer continuing education in-service training for personnel currently employed in the state/federal program.
6. Obtain funds to expand current field observation and supervision for students on practicum and internships.
7. Advocate for the inclusion of information on Native Americans in course work across various disciplines at all postsecondary institutions (e.g., community colleges, technical schools, universities).

Certifying Organizations

1. Include study of Native American issues in current accreditation requirements of the Commission on Rehabilitation Education (CORE).
2. Include material on Native American issues in current certifying examinations and maintenance requirements for the Commission on Rehabilitation Counselor Certification (CRC).

3. Insure that certifying processes include observational or experiential as well as knowledge components of Native American issues to validate competency.

4. Seek funding to develop state-specific certifying processes within state agencies.
5. Establish certifying processes for rehabilitation counselors in state VR agencies and in community-based settings serving Native Americans with alcohol and/or substance abuse disabilities.

Training Models

There are many influences on the development of culturally-appropriate attitudes. Key factors are an individual's pre-service education and post-employment training opportunities.

Preservice Training

During the last decade, an increasing number of rehabilitation counselors have been graduates of master's level rehabilitation counseling programs accredited by the Council on Rehabilitation Education (CORE). These programs need to incorporate into current courses information on Native Americans as it relates to the course topic. This would more comprehensively cover issues across the rehabilitation spectrum as they relate to Native Americans than would adding a separate course to the already-overburdened CORE curriculum. Required courses in case management, medical aspects of disability, vocational evaluation, adjustment and placement, counseling, independent living, etc., would each contain information regarding Native Americans. This approach would avoid the minimally effective "quick fix" approach used in previous cultural diversity training.

Postemployment In-service Training

There are traditionally three environments in which postemployment training occurs for rehabilitation personnel. State/federal human resource departments provide postemployment in-service training. RSA-funded RRCEPs and Research and Training Centers funded by the NIDRR provide seminars and workshops. Professional associations such as the National Rehabilitation Association provide preconference workshops and concurrent sessions at annual national conferences. These entities need to incorporate information regarding Native Americans into their agendas.

Training Content

The chapters in this document form instructional modules that can be incorporated with training activities. As indicated in the Sample Agenda section, content from the chapters should be integrated with various other exercises. Content from the document will need to be

supplemented. For example, it is well documented that learning more about a group's (e.g., Native American) values, attitudes, and beliefs will be facilitated by introductory activities designed to promote each training participant's self-understanding and an awareness of their own culture. Exercises for this activity are provided in Appendix C.
It is essential that counselors understand their own internalized system of values and avoid attempting to impose those values on the person with whom they are working (Lowery, 1983). Therefore, introductory activities would also concentrate on the influence of oppression, assimilation, poverty, educational opportunities, family structure, language differences, and the majority's cultural values in rehabilitation service delivery. It is not enough for counselors to be tolerant of the Native American culture; they must know enough about it to be respectful and must understand how much their own behavior and agency procedures are extensions of their own culture which may create problems for the client (Lowery, 1983). Chapters from this IRI document can be used for these activities as well as the comparison activity contained in Appendix C (Hodge, 1982).

It is well established that introductory activities of this type are most effective when followed by knowledge-building regarding the specific group's (e.g., Native American) values, attitudes, and beliefs. At a minimum, concentration should be on Native American attitudes toward disability, family roles, work ethic, orientation to time, acculturation patterns, spirituality, the role of the "helper", and attitudes toward government-funded services. A training activity designed for this purpose (Polman, 1994) is contained in Appendix C.

Training Methods

As in other types of staff training, a variety of instructional methods is most effective. The following methods are suggested:

- Presentation of information by training teams that include staff development personnel (state agency staff, RCEP trainer, RTC staff) and local Native American representatives

- Utilization of small group discussion for exploring issues, problems, solutions, and success stories

- Field observation to identify services needed locally

- Use of assigned readings from the document

- Use of compressed video training to cost-effectively include participants who are geographically separated

Sample Agenda

With the understanding that the needs of agencies will differ, the following sample agenda can guide staff development personnel:

[Day 1]

30 minutes	Introduction of trainer(s) and each group member
30 minutes	Orientation: Purpose, objectives, preprogram evaluation
2 hours	Native American/Section 130 panels
2 hours	Content modules from the document
1 hour	Group discussion of local problems, solutions, and success stories

[Day 2]

1 hour	Local administrative issues
1 hour	Local needs and resources
2 hours	Content modules from the document
2 hours	Group exercises
30 minutes	Evaluation and closure

Implications/Conclusion

The ultimate objective of culturally-appropriate case management services is integration of the Native American with a disability into the work force and successful independent living. Over the years, Section 130 Project personnel and state VR programs have served Native American Clients with less than ideal collaboration. It was the intent of CSAVR and NIDRR in selecting this topic for the 1995 Institute on Rehabilitation Issues, that networking and long-term relationships develop with ongoing dialogue to promote quality and quantity of services to Native Americans.

Training resources, focusing on culturally-appropriate case management methods for guiding the provision of services to Native Americans, have been limited. State VR professionals had few practical guidelines on attitudes and activities to guide services despite the fact that research revealed high dropout rates and lack of success following case closure. This chapter provides a framework for agencies to follow in utilizing the document to establish better working relationships with the local Native American community and with individual Native American clients.

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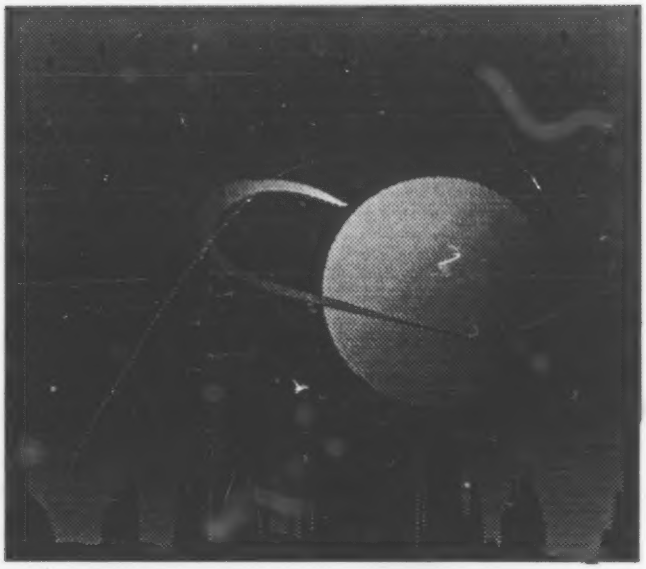

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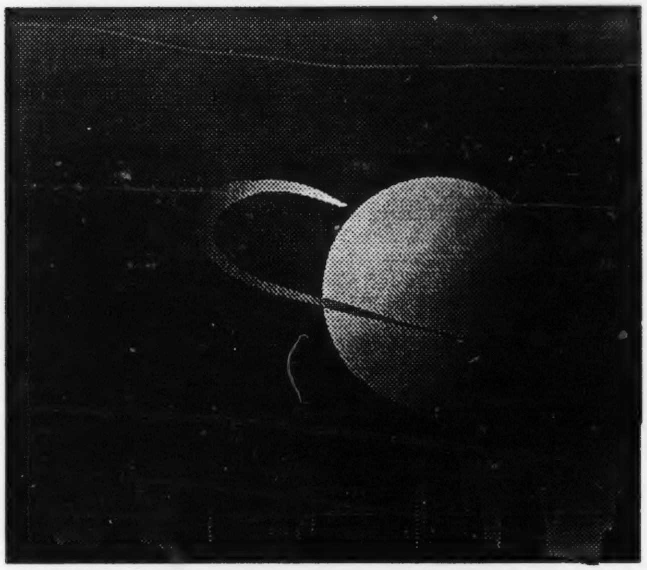
Appendix A



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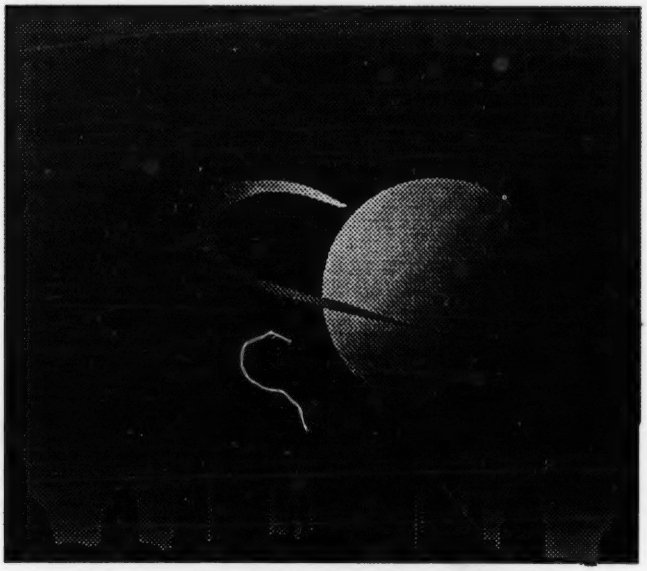
Appendix B



Section 130 Projects

The Rehabilitation Act of 1973 As Amended Through 1994

Title I-Vocational Rehabilitation Services

Part D-American Indian Vocational Rehabilitation Services

SEC. 130. VOCATIONAL REHABILITATION SERVICES GRANTS

(a) The Commissioner, in accordance with the provisions of this part, may make grants to the governing bodies of Indian tribes located on Federal and State reservations (and consortia of such governing bodies) to pay 90 percent of the costs of vocational rehabilitation services for American Indians who are individuals with disabilities residing on such reservations. The non-Federal share of such costs may be in cash or in kind, fairly valued, and the Commissioner may waive such non-Federal share requirements in order to carry out the purposes of this Act.

(b) (1) No grant may be made under this part for any fiscal year unless an application therefore has been submitted to and approved by the Commissioner. The Commissioner may not approve an application unless the application-

(A) is made at such time in such manner, and contains such information as the Commissioner may require;

(B) contains assurances the rehabilitation services provided under this part to American Indians who are individuals with disabilities residing on a reservation in a State shall be, to the maximum extent feasible, comparable to rehabilitation services provided under this title to other individuals with disabilities residing in the State and that, where appropriate, may include services traditionally used by Indian tribes; and

(C) contains assurances that the application was developed in consultation with the designated State unit of the State.

(2) The provision of sections 5, 6, 7, and 102(a) of the Indian Self-Determination and Education Assistance Act shall be applicable to any application submitted under this part. For purposes of this paragraph, any reference in any such provision to the Secretary of Education or to the Secretary of the Interior shall be considered to be a reference to the Commissioner.

(3) Any application approved under this part shall be effective for not less than twelve months or more than 36 months, except as determined otherwise by the Commissioner pursuant to prescribed regulations. The State shall continue to provide vocational rehabilitation services under its State plan to American Indians residing on a reservation whenever such State includes any such American Indians in its State population under section 110(a)(1).

(4) In making grants under this part, the Secretary shall give priority consideration to applications for the continuation of programs which have been funded under this part.

(5) Nothing in this section may be construed to authorize a separate service delivery system for Indian residents of a State who reside in nonreservation areas.

(c) The term "reservation" includes Indian reservations, public domain Indian allotments, former Indian reservations in Oklahoma, and land held by incorporated Native groups, regional corporations, and village corporations under the provisions of the Alaska Native Claims Settlement Act.

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Appendix C

Training Materials

Worksheet for Group Exercise on Cultural Awareness

Prepare for group discussion by making notes for the following questions. Written responses will guide sharing your experiences with the group. You will not be asked to turn them in.

1. What is your ethnic background?
2. Describe what it has meant to belong to your group.
3. Where did you grow up and what other ethnic groups resided nearby?
4. Describe your first experience with feeling different.
5. Explain how your family sees itself as like or different from other ethnic groups.
6. List the major values of your ethnic group.
7. Describe your earliest images of race or color.
8. What are your feelings toward nonminorities?
9. How do you think people of color feel about their color identity?
10. What are your feelings about ethnic minorities?
11. How do you think Whites feel about their color identity?
12. How have you experienced a sense of power or lack of power in relation to the following:
    - A. Ethnic identity
    - B. Racial identity
    - C. Within your family
    - D. Class identity
    - E. Sexual identity
    - F. Professional identity

Worksheet for Group Exercise on Stereotypes

Objective

To demonstrate stereotypic attitudes held toward different groups of people.

Procedure

1. List five different cultures within your discussion group and rank order them in conjunction with the statements below. Add up the total score for each statement on each ethnic group.

2. Address your rankings with at least the following questions:

   A. Why does stereotyping persist? Is it useful? Harmful? What kind of situations tend to stereotype people?

   B. If several persons undertook this exercise, what similarities in ratings exist? Were there few or different answers to each item? Are there any sex and age differences noted in the ratings?

A Comparison and Contrast of X, Y, and Z American Indians

All members of tribes X, Y, and Z consider themselves Indian. All have an uncoordinated, awkward, unfinished place or position in society. Each is still in the process of defining contemporary American life. All can be found in the same tribes, reservations, communities and families. All participate in different ways in American society as a whole. However, the most important differences between Indians and non-Indians are the distinctive ways in which Native Americans relate to the larger dominant society. Most of the difficulties associated with Indian versus non-Indian are due to the turbulent, uneven, amorphous quality of Native American life and from the lack of recognition of the differences among Indians by the non-Indian observer. The following chart developed by Floy C. Pepper from the work of W.H. Hodge (1982) in The First Americans in the Larger Contemporary Society helps to illustrate these differences.

X Indians	**Y Indians**	**Z Indians**
Have a long successful relationship with Whites.	Are not comfortable with dominant society.	Seldom see dominant society as friends or enemies. They are just there.
View the dominant world as an opportunity to gain the good things in life.	Dominant society people are not to be trusted.	Do not consciously seek friendship or competition with dominant society.
May marry a dominant society spouse. May be seen by other Indians as Red Apples (White on the inside).	Marry Indians - do not accept dominant society spouses.	Prefer Indian spouses as it strengthens and expands alliances (some marry non-Indians).
Present self to dominant society as capable to compete in all areas of work.	Seek wealth, power and prestige only to gain a permanent escape from the evils of the dominant society such as arrest and imprisonment, poverty, and federal paternalism.	Often leave reservation but do not want to become a part of the city slums.

Use their Indianness to compete with dominant society and seek to improve their positions in it.	May use their Indianness to avoid dominant society people and their dominating way of life.	Express Indian identity by organizing and/or attending urban-based Indian Center activities.
Reflect Western European traditions.	Want to live a blend of traditional, tribal, and pan-tribal life in contradiction to dominant society values.	They accept without rancor the reality of the dominant society because they can do nothing to change it. The dominant society is not often aware that they have Indians for neighbors.
Usually are middle-aged and are well educated.	Lack high levels of formal education. Some have served in state or federal prisons.	Avoid the militant posture of the Y Indians and see it as being wrong or foolish. Are unskilled or semiskilled laborers.
Have politically and socially-prominent dominant society friends.	Their heroes are the political and military leaders of the past such as Geronimo, Chief Joseph, Sitting Bull, etc.	Make frequent trips "home". Cities replace camp while wages are earned and while attempting to create a comfortable niche on the reservation to retire.
May work hard, use their ability and manipulate politics to achieve their ends.	Use lawyers, lobbyists, courts and communication media to gain ends.	Believe they must live in a White world to obtain wages, pensions, and social security.

Cross-Cultural Counseling Activity

This appendix contains two worksheets designed for group exploration of cross-cultural counseling issues for counselors with clients who are Native American. Each worksheet contains a vignette followed by questions to guide group discussion. Trainers need to facilitate discussion across the following issues:

- Priority of people and relationships over material goods
- Absence of direct eye contact, which signifies respect, not disinterest or shyness
- Importance of silence as a sign of respect, rather than as a sign of shyness, lack of interest, or inability to communicate
- Importance of small talk before getting down to business
- Perspective of time which accepts that things happen when they are meant to happen, but does not impede punctual behavior in the work world
- Poverty that impedes getting to appointments on time, access to training, ability to purchase needed tools, etc.
- Importance of immediate and extended family and tribal group

Notes to guide group discussion of each issue are provided below. If these points do not emerge through discussion, the trainer will need to introduce them for participants to explore.

Value of Material Possessions:

In considering Vignettes One and Two, training participants should be cautioned to keep in mind the myriad differences among the over 500 different tribal groups in the United States. Worldview and values may differ widely. For example, in many tribes the accumulation of material goods does not signify an individual's worth. Therefore, emphasis on having or getting new things is reduced. In Vignette One the counselor feels the wheelchair is inadequate, based on an appraisal of its appearance alone. The counselor is unaware that the purchase of the wheelchair may represent the combined efforts of many family members. In fact, having a wheelchair acquired by the family may be a source of great pride. Similarly, in Vignette Two, the counselor does not understand or accept that contribution to the tribe and family are more valued by the male clients than high wages in a faraway city.

In conjunction with reduced emphasis on acquiring material goods, many tribes value giving away material possessions. Formal potlatches or large, ceremonial give-aways are practiced by some groups, particularly in the Northwest. While these are not a custom in every tribe, the practice of handing down and sharing clothing, tools, and other possessions is widely practiced.

Eye Contact:

In Euro-American culture, direct eye contact is considered evidence of attentiveness, efficiency, interest and energy. Across tribes, direct eye contact is considered rude. Indirect or no eye contact signifies respect and attention. Without training, counselors regard the absence of eye contact as disinterest or even depression.

Silence:

Across tribal groups, silence is a mechanism for demonstrating respect for another individual and/or situation. This period of quiet also provides an opportunity for individuals to engage thinking. The negative impact of silence on counselors who are not informed about cross-cultural considerations cannot be overemphasized. In Vignette One, the counselor reacts negatively to the female client's silence by criticizing her directly ("You know, you are really going to have to speak up if we're going to get anything moving.") and indirectly in a phone conversation with another professional ("I don't know, I can't get any information out of her."). As tension quickly escalates, the counselor tries to relieve discomfort by quickly engaging another individual (a professional) who will talk. This plea for help ("I can't get information out of her but I can't let her go around with a chair like that. Sure, I'll hold.") maintains contact with a talking person and ignores the client who then leaves. Training should inform counselors about the Native American use of silence to convey respect and the need to provide a longer, but not indefinite, period for the conversation to begin.

Small Talk:

A period of respectful silence can be broken by the counselor with a greeting and small talk such as "Hello, I'm so glad you were able to come in. Isn't it a beautiful day to be out!" Trainers should identify small talk in cross-cultural counseling as a buffer period in which counselor and client gain a sense of each other. It should be conveyed as a crucial opportunity for the counselor to begin establishing credibility and trustworthiness. This is particularly important with clients who may have had negative experiences with service agencies. In Vignette One, the counselor does not use small talk as an important prelude. Instead, a fast-paced greeting is followed by an expression of concern regarding the client's silence. Training should enable counselors to view small talk as the way to establish contact and then trust to span even great cultural differences. Training should also emphasize that the amount of time for this activity depends on individual needs and may need to involve more than a two-minute, cursory activity.

Time Perspective:

Time is an important issue in cross-cultural counseling relationships with Native Americans. Equally important are the time needed to establish a relation with client and family as well as when events take place. Using information from chapters in this document, training should inform counselors that across tribal groups, time may be treated in a fluid manner for many activities. It should be emphasized that this does not mean clients will not be able to arrive at work on time or complete work tasks within required time frames.

Poverty:

The impact of poverty on factors such as lack of transportation, health problems, and the need for reliable arrangements for child care, should be addressed during training. It is important to emphasize that each of these factors can deplete time and energy that might otherwise be directed toward rehabilitation activities or employment. Counselors and clients need to realistically plan around these factors to ensure success.

Family and Tribal Affiliations:

Another cross-cultural counseling issue related to poverty is the fact that Native American family members in distant communities make demands on an individual's time, and meeting these demands is highly valued.

Cross-Cultural Counseling Worksheet 1

Vignette One: Native American Female

Counselor: "Hello, I'm Mr. Brownston, I'll be your counselor."

Client: (Sits quietly in her chair with eyes down. Nods head in agreement.)

Counselor: "Well, I see that your wheelchair is pretty old and banged up, so we'll do something about that...OK?...."

Client: (Nods head in agreement.)

Counselor: "You know, you are really going to have to speak up if we're going to get anything moving... Well, OK, back to the wheelchair. Do you have SSI? SSDI? Medicaid? Medicare? Anything...maybe UCP or CMH...um..well...let me check with some of my resources." Counselor picks up phone. "Hi, Ed, I need some help on a loaner wheelchair...I don't know, I can't get any information out of her but I can't let her go around in a chair like that. Sure I'll hold."

Client: (As counselor continues on the phone, client silently leaves.)

Group Discussion Questions:

1. How does the counselor appear to interpret this client's lack of response to questions?
2. How does the client appear to interpret this counselor's approach?
3. What comments, gestures, or behaviors on the part of the counselor may be interpreted as disrespectful by this client?
4. What steps might the counselor take at the start of the sessions to build rapport and trust?
5. What kinds of questions should the counselor ask first to establish a good environment for communication?
6. How can the counselor introduce the topic of the wheelchair's condition in a more facilitative manner?
7. Assume the client continued to say very little during the interview. What steps should the counselor take to encourage input? What behaviors should the counselor avoid?
8. What ethical issues are raised when the counselor failed to develop client participation in the transaction?

Cross-Cultural Counseling Worksheet 2

Vignette Two: Native American Male

Counselor: “Hello, Tom, I’ve got your test results and it looks like you are an excellent candidate for computer training. I’m really impressed. I don’t see a lot of people with your ability.”

Client: “Well, I don’t really think I want to learn about computers.”

Counselor: “What! You’re kidding. You can make a really good living with computers...lots of money!”

Client: “I know that, but you see there aren’t a whole lot of computers and computer jobs where my family is.”

Counselor: “Right. You would have to move. But you have to be flexible if you’re going to get ahead.”

Client: “I really want to go back home with some training that I can use to help my people.”

Counselor: “Staying broke and going nowhere isn’t going to help anyone. You need to be practical. Come on, let’s at least look at some of the computer training programs before you close your mind completely.”

Group Discussion Questions:

1. What are the differences between this client’s values and those of the counselor?
2. How do the two differ in their views of how the client should demonstrate his commitment to his family and tribal group?
3. What additional information does the counselor need to know about this client’s goals for helping his family and tribal group?
4. What ethical issues are raised when the counselor presses for consideration of a particular point of view?
5. What approaches might the counselor use to help this client explore a variety of vocational options which meet his criteria for job location?
6. What process should be used to help the client select the option(s) that best meet his needs?
7. What ethical issues are raised if the counselor does not encourage consideration of a range of vocational options?
8. What comments, gestures, or behaviors on the part of the counselor may be interpreted as disrespectful by this client?
9. What approaches might the counselor use to acknowledge and explore this client’s concerns?

Appendix D

Resources

RESOURCES

ALASKA

Alaska Federation of Natives (AFN)
1577 C Street, Suite 100
Anchorage, AK 99501
(907) 274-3611

(AFN coordinates the activities of the 12 regional corporations established by the Alaska Native Claims Settlement Act {ANCSA} and Human Resources Accounting Land Claims)

American Indian Centers
Tlingit & Haida Central Council
320 West Willoughby, Suite 300
Juneau, AK 99801
(907) 586-1432

ARIZONA

American Indian Association of Tucson, Inc.
131 East Broadway
Tucson, AZ 85701
(520) 884-7131

Native Americans for Community Action
2717 North Steves Boulevard, Suite 11
Flagstaff, AZ 86004
(520) 526-2968

Phoenix Indian Center
2601 North 3rd Street, Suite 100
Phoenix, AZ 85004
(602) 263-1017

ARKANSAS

American Indian Center of Arkansas
4318 West Markham
Little Rock, AR 72202
(501) 666-0181

CALIFORNIA

American Indian Human Resources
4040 30th Street, Suite 1
San Diego, CA 92104
(619) 281-5964

American Indian Council of
Central California
2210 Chester Avenue
Bakersfield, CA 93301
(805) 327-2207

Southern California Indian Center
12755 Brookhurst
Garden Grove, CA 92640
(714) 530-0221

Southern California Indian Center
500 East Parson Plaza Drive, Suite 101
Carson, CA 90746
(310) 329-9595

Southern California Indian Center
5900 South Eastern Avenue, Suite 104
Commerce, CA 90040
(213) 728-8844

CALIFORNIA (cont.)

Southern California Indian Center
2500 Wilshire Blvd., Suite 750
Los Angeles, CA 90057
(213) 387-5772

Southern California Indian Center
6320 Van Nuys, Suite 401
Van Nuys, CA 91401
(818) 782-1191

COLORADO

Denver Native Americans United, Inc.
4407 North Morrison Road
Denver, CO 80206
(303) 934-5793

HAWAII

Council of American Indian Nations
P. O. Box 17627
Honolulu, HI 96817
(803) 833-4581

ILLINOIS

American Indian Center
1630 West Wilson Avenue
Chicago, IL 60640
(312) 275-5871

Native American Committee
4546 North Hermitage
Chicago, IL 60640
(312) 728-1477

IOWA

Sioux City American Indian Center
304 Pearl Street
Sioux City, IA 51101
(712) 255-8957

KANSAS

The Indian Center of Lawrence
326 Louisiana Street
Lawrence, KS 66044
(913) 841-7202

Indian Center of Topeka, Inc.
915 North Western
Topeka, KS 66608
(913) 233-5531

Mid-American All-Indian Center
650 North Seneca
Wichita, KS 67203
(316) 262-5221

MARYLAND

American Indian Center, Inc.
211 South Broadway
Baltimore, MD 21231
(301) 563-4600

MASSACHUSETTS

Boston Indian Council
105 South Huntington Avenue
Jamaica Plains
Boston, MA 02130
(617) 232-0343

MICHIGAN

Grand Rapids Inter-Tribal Council
756 Bridge North West
Grand Rapids, MI 49508
(616) 774-8331

North American Indian Association of Detroit
360 John R Street
Detroit, MI 48226
(313) 963-1710

Lansing North American Indian Center
820 West Saginaw
Lansing, MI 48912
(517) 487-5409

South Eastern Michigan Indians
8830 Ten Mile Road
Center Line, MI 48015
(313) 756-1350

MINNESOTA

American Indian Fellowship Association
8 East Second Street
Duluth, MN 55802
(218) 722-9776

Minnesota Indian Women's Resource Center
2300 15th Avenue South
Minneapolis, MN 55404
(612) 728-2000

Regional Native American Center
1530 East Franklin
Minneapolis, MN 55404
(612) 871-4555

St. Paul American Indian Center
1001 Payne Avenue
St. Paul, MN 55101
(612) 776-8592

MISSOURI

American Indian Cultural Center
of Mid-America
4648 Gravois Street
St. Louis, MO 63110
(314) 353-4517

Heart of America Indian Center
1340 East Admiral Boulevard
Kansas City, MO 64124
(816) 421-7608

MONTANA

Montana United Indian Association
P. O. Box 6043
Helena, MT 59604
(406) 443-5350

NEBRASKA

Lincoln Indian Center
10th and Military Road
Lincoln, NE 68508
(402) 474-5231

Omaha American Indian Center
613 South 16th Street
Omaha, NE 68102

NEVADA

Inter-Tribal Council of Nevada
650 South Rock Blvd.
Reno, NV 89502
(702) 786-3128

National Indian Center
418 Hoover Ave., Suite #1
Las Vegas, NV 89101
(702) 385-0211

NEW MEXICO

Albuquerque Indian Center
1114 7th Street North West
Albuquerque, NM 87102
(505) 243-2253

Farmington Intertribal Indian Organization
100 West Elm
Farmington, NM 87401
(505) 327-6296

Gallup Indian Community Center
200 West Maxwell Avenue
Gallup, NM 87301
(505) 722-4388

NEW YORK

American Indian Club of Rochester, Inc.
P.O. Box 272
Rochester, NY 14601
(716) 244-7353

American Indian Community House
842 Broadway, 8th Floor
New York, NY 10003
(213) 598-0100/0181

Indian Culture Center, Inc.
P.O. Box 37, Market Square
Buffalo, NY 14203
(716) 877-6321

North American Indian Club, Syracuse
P.O. Box 851
Syracuse, NY 13201
(315) 476-7425

NORTH CAROLINA

Cumberland County Association
for Indian People
P.O. Box 6-4243
Fayetteville, NC 28306
(919) 483-8442

Guilford Native American Association
P. O. Box 6782
Greensboro, NC 27405
(919) 273-8686

Metrolina Native American Association
Charlotte Merchandise Mart
Charlotte, NC 28202
(704) 333-0135

NORTH DAKOTA

Dakota Association of Native Americans
201 East Front Avenue
P.O. Box 696
Bismarck, ND 58501
(701) 258-0040

Fargo-Moorhead Indian Center
1444 North 4th Avenue
P.O. Box 42
Fargo, ND 58107
(701) 293-6863

OHIO

Cleveland American Indian Center
5500-02 Lorain Avenue
Cleveland, OH 44102
(216) 961-3490

OKLAHOMA

McCurtain County Indian Development
P. O. Box 432
Wright City, OK 74766
(405) 981-2882

Native American Center
2830 South Robinson
Oklahoma City, OK 73103
(405) 232-2512

Native American Coalition
P.O. Box 2646
Tulsa, OK 74102
(918) 446-7939

Southern Plains Intertribal Center
120 Northeast Rogers Lane
Lawton, OK 73501
(405) 353-4604

OREGON

Organization of the Forgotten American
3949 South 6th Street, Suite 205
Klamath Falls, OR 97601
(503) 882-4442/4441

Urban Indian Program
1634 South West Alder
Portland, OR 97210
(503) 248-4562

PENNSYLVANIA

Council of Three Rivers
200 Charles
Pittsburgh, PA 15208
(412) 782-4457

PENNSYLVANIA (cont.)

United American Indians
of Delaware Valley
225 Chestnut Street
Philadelphia, PA 19106
(215) 574-9020

SOUTH DAKOTA

American Indian Services
Celeste Honamichl
100 West 6th Street
Sioux Falls, SD 57102
(800) 658-4797

Mother Butler Indian Center
Fr. Joe Gill
Attn: St. Isaac Jogues
220 Wright Street
Rapid City, SD 57709
(605) 343-2165

Rapid City Indian Service
P.O. Box 7038
Rapid City, SD 57701
(605) 343-2165

TEXAS

American Indian Center of Dallas
2219 West Euless Blvd.
Euless, TX 76040
(817) 545-9555

Dallas Inter-Tribal Center
209 East Jefferson Blvd
Dallas, TX 75203-2690
(214) 941-1050

TEXAS (cont.)

Inter-Tribal Council of Houston
9180 Old Katy Road, Suite 230
Houston, TX 77055
(713) 464-1164

UTAH

Utah Native American Consortium, Inc.
120 West 1300 South
Salt Lake City, UT 84115
(801) 486-4877

WASHINGTON

American Indian Community Center
1007 North Columbus
Spokane, WA 99202
(509) 489-2370

Kitsap County Indian Center
212 Burwell
Bremerton, WA 98310
(206) 377-8521

Seattle Indian Center
121 Stewart Street
Seattle, WA 98104
(205) 624-8700

Tacoma Indian Center
3602 McKinley
Tacoma, WA 98421
(206) 474-0793

United Indian Association of
Central Washington
106 South 4th Street
Yakima, WA 98093
(509) 575-0835

WISCONSIN

Milwaukee Indian Urban Affairs Council
1410 North 27th Street
Milwaukee, WI 53208
(414) 342-4171

CONSORTIA OF ADMINISTRATORS FOR NATIVE AMERICAN REHABILITATION (CANAR)

CANAR
c/o Region VIII Rehabilitation Continuing Education Program
University of Northern Colorado
Greeley, CO 80639
(970) 351-6956

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(916) 758-0470

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(406) 338-5441

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P. O. Box 159
Harlem, MT 59526
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Pablo, MT 59855
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College, University of Regina
127 College West
Regina, Saskatchewan
Canada S4S 0A2

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Rosebud, SD 57570

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Old Agency, P.O. Box 689
Sisseton, SD 57262

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Albuquerque, NM 87184

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